| this is an<br>d filing |
|------------------------|
|                        |

## Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| ı aı | t 1: Summarize Your Assets   |             |                                  |
|------|--|-------------|----------------------------------|
|      |  | Your a      | ssets<br>of what you own         |
|      |  | value       | or macyou own                    |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 205,275.00                       |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 137,469.00                       |
|      | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 342,744.00                       |
| Par  | t 2: Summarize Your Liabilities  |             |                                  |
|      |  |             | i <b>abilities</b><br>nt you owe |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 243,800.20                       |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                             |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 319,501.00                       |
|      | Your total liabilities   | \$          | 563,301.20                       |
| Pai  | t 3: Summarize Your Income and Expenses  |             |                                  |
| 4.   | Schedule I: Your Income (Official Form 106I)   |             |                                  |
|      | Copy your combined monthly income from line 12 of Schedule I   | \$          | 6,737.75                         |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 6,396.30                         |
| Par  | 4: Answer These Questions for Administrative and Statistical Records   |             |                                  |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sc | hedules.                         |
| 7.   | ■ Yes What kind of debt do you have?   |             |                                  |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a personal  | . family, or                     |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| \$<br>5,237.75 |
|----------------|
|                |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

| Fill         | in this information                 | on to identify                          | your case and th       | is filing | g:   |                                 |                      |  |
|--------------|-------------------------------------|---|------------------------|-----------|--|---------------------------------|----------------------|--|
| Deb          |                                     | Thomas S. S                             |                        |           |  |                                 |                      |  |
|              | otor 2                              | First Name<br>Sandra M. S<br>First Name | Middle<br>tefansky     |           | Last Name  Last Name   |                                 |                      |  |
| , .          | 3,                                  |   |                        |           |  |                                 |                      |  |
| Unit         | ed States Bankru                    | iptcy Court for                         | the: MIDDLE DI         | STRIC     | T OF PENNSYLVANIA  |                                 |                      |  |
| Cas          | e number                            | 3-bk-04709                              |                        |           |  |                                 |                      | ☐ Check if this is an amended filing   |
| _            | ficial Form                         |   | _                      |           |  |                                 |                      | 12/15  |
| Answ<br>Part | ver every question.  Describe Each  | n Residence, Bi                         | uilding, Land, or Oth  | ner Real  | his form. On the top of any additional pages  Estate You Own or Have an Interest In  lence, building, land, or similar property? | s, write your name              | and case             | number (if known).   |
|              | No. Go to Part 2. Yes. Where is the | property?                               |                        |           |  |                                 |                      |  |
| 1.1          | 700 W-II N                          | N                                       |                        | What      | t is the property? Check all that apply  |                                 |                      |  |
|              | Street address, if ava              |   | cription               |           | Single-family home  Duplex or multi-unit building  Condominium or cooperative  | the amount of ar                | y secured            | ms or exemptions. Put claims on <i>Schedule D:</i> s <i>Secured by Property.</i> |
|              | Weatherly City                      | PA<br>State                             | 18255-0000<br>ZIP Code |           |  | Current value o entire property | 75.00                | Current value of the portion you own? \$196,275.00                               |
|              |                                     |   |                        | Who       | Other has an interest in the property? Check one   |                                 | nple, tena<br>known. | our ownership interest ncy by the entireties, or                                 |
|              | Carbon                              |   |                        |           | •  |                                 |                      |  |
|              | County                              |   |                        |           | Debtor 1 and Debtor 2 only   | ☐ Check if th (see instruction  |                      | nunity property  |
|              |                                     |   |                        | prop      | r information you wish to add about this ite<br>erty identification number:  | m, such as local                |                      |  |
|              |                                     |   |                        | prin      | nary residence   |                                 |                      |  |

(see instructions)

| Debto         |   | S. Stefansky<br>. Stefansky                           |  | Case number (if know          | <sub>(n)</sub> <u>5:18-</u>          | bk-04709  |
|---------------|---|---|--|-------------------------------|--------------------------------------|---|
| 3.3           | Make: Volksy Model: Jetta Year: 1999 Approximate mileage      |   | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                  | the amount of a               | any secured<br>Have Claims<br>of the | ns or exemptions. Put claims on Schedule D: s Secured by Property.  Current value of the portion you own? |
|               | Other information:  | nt wheel drive, 2                                     | At least one of the debtors and another  |                               | 33.00                                | \$1,233.00  |
|               | door, joint with<br>Hanna Stefans                             |   | Check if this is community property (see instructions)   |                               |                                      | <b></b>   |
| 3.4           | Make: Ford Model: F350  |   | Who has an interest in the property? Check one ☐ Debtor 1 only   | the amount of a               | any secured                          | ms or exemptions. Put claims on <i>Schedule D:</i> s <i>Secured by Property.</i>                          |
|               | Year: 1998 Approximate mileage Other information:             | ne: 147,000   | <ul> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>■ At least one of the debtors and another</li> </ul> | Current value entire property |                                      | Current value of the portion you own?   |
|               | automatic, 4W   | D, 8' bed, crew<br>daughter, Hanna                    | Check if this is community property (see instructions)   | \$3,4                         | 65.00                                | \$3,465.00  |
| .pa<br>Part 3 | ges you have atta   | ersonal and Household Ite                             | n for all of your entries from Part 2, including that number hereems terest in any of the following items?                   |                               | ро                                   | \$28,032.00  urrent value of the ortion you own? o not deduct secured                                     |
| Ex            | usehold goods ar<br>camples: Major app<br>No<br>Yes. Describe | nd furnishings<br>liances, furniture, linens          | , china, kitchenware   |                               | cla                                  | aims or exemptions.   |
|               |   | Household goo   | ds and furnishings   |                               | _                                    | \$1,973.00  |
| Ex            | •   | es and radios; audio, vide<br>cell phones, cameras, m | eo, stereo, and digital equipment; computers, pri<br>nedia players, games  | inters, scanners; musi        | c collection                         | s; electronic devices   |
|               |   | Various electro                                       | nics   |                               |                                      | \$305.00  |
| Ex            |   |   | prints, or other artwork; books, pictures, or other<br>llectibles  | r art objects; stamp, co      | oin, or base                         | eball card collections;   |
|               | Yes. Describe   |   |  |                               |                                      |   |
|               |   | Crystal collection                                    | on, antique juke box, Longabergare bas   | ket                           | _                                    | \$575.00  |
|               |   |   |  |                               |                                      |   |

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Official Form 106A/B

Schedule A/B: Property page 3

Best Case Bankruptcy

| Debtor 1<br>Debtor 2           | Thomas S. S<br>Sandra M. St  |   | Case number (if known)        | 5:18-bk-04709   |
|--------------------------------|--|---|-------------------------------|---|
| Examp                          | ent for sports ar<br>les: Sports, photog<br>musical instru<br>Describe | graphic, exercise, and other hobby equipment; bicycles, pool tables | s, golf clubs, skis; canoes a | and kayaks; carpentry tools;  |
|                                |  | Camping equipment, treadmill, trampoline, basketball foosball table | equipment,                    | \$390.00  |
| □ No                           |  | , shotguns, ammunition, and related equipment                       |                               |   |
|                                |  | Rifle, shotgun  |                               | \$200.00  |
| □ No                           |  | thes, furs, leather coats, designer wear, shoes, accessories        |                               |   |
|                                |  | Clothes   |                               | \$350.00  |
|                                |  | Clothes   |                               | \$400.00  |
| □ No                           |  | velry, costume jewelry, engagement rings, wedding rings, heirloom   | i jewelry, watches, gems, g   |   |
|                                |  | Wedding ring, bracelets (2)   |                               | \$160.00  |
|                                |  | Wedding band, costume jewelry                                       |                               | \$500.00  |
| Exam <sub>l</sub><br>□ No<br>□ | arm animals bles: Dogs, cats, b  | pirds, horses   |                               |   |
|                                |  | dog, cats (7), fish and tanks                                       |                               | \$575.00  |
| ■ No □ Yes.                    | Give specific info   | I household items you did not already list, including any healt     |                               | \$5,428.00  |
| Part 4: De                     | scribe Your Finance  | ial Assets  |                               |   |
| Do you ov                      | vn or have any le  | egal or equitable interest in any of the following?                 |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |

|     | ebtor 1<br>ebtor 2       | Thomas S. Stefans   | •  |  | Case number (if known)           | 5:18-bk-04709                 |
|-----|--------------------------|---|--|--|----------------------------------|-------------------------------|
| 16. | □ No Î                   |   |  | home, in a safe deposit box, and on  | hand when you file your petition | on                            |
|     | ■ Yes                    |   |  |  | Cash                             | \$100.00                      |
| 17. |                          |   |  | counts; certificates of deposit; share   |                                  | nouses, and other similar     |
|     | _                        |   |  | Institution name:  |                                  |                               |
|     |                          | 17.1  | 1. Checking                                | M&T Bank   |                                  | \$84.00                       |
| 18. | Examp                    | ·   | •  | prokerage firms, money market acco   | ounts                            |                               |
|     | Non-pu                   | ublicly traded stock an<br>enture   |  | porated and unincorporated busi  | nesses, including an interes     | t in an LLC, partnership, and |
|     | ■ Yes.                   | Give specific information N   | on about themlame of entity:               |  | % of ownership:                  |                               |
|     |                          | <u> </u>  | agle Auto Repair                           | and Notary Center, LLC   | 100%%                            | \$7,825.00                    |
|     | Negoti<br>Non-ne<br>■ No | iable instruments include<br>egotiable instruments ar<br>Give specific informatio | e personal checks, care those you cannot t | gotiable and non-negotiable instruashiers' checks, promissory notes, a cransfer to someone by signing or de  | and money orders.                |                               |
| 21. |                          | ment or pension accou<br>ples: Interests in IRA, EF                               |  | , 403(b), thrift savings accounts, or o  | other pension or profit-sharing  | plans                         |
|     | Yes.                     | List each account separ<br>Typ  | rately.<br>e of account:                   | Institution name:  |                                  |                               |
|     |                          | IRA   | <b>\</b>                                   | Janney Montgomery S  | Scott, LLC                       | \$96,000.00                   |
| 22. | Your s<br>Examp<br>■ No  |   | sits you have made :                       | so that you may continue service or t, public utilities (electric, gas, water)  Institution name or individu | ), telecommunications compar     | nies, or others               |
| 23. |                          |   | riodic payment of mo                       | ney to you, either for life or for a nun   |                                  |                               |
|     | ■ No                     |   | ame and description.                       | •  | ,                                |                               |
|     | Interest                 |   | , in an account in a                       | qualified ABLE program, or unde  | r a qualified state tuition pro  | ogram.                        |
|     | ■ No<br>□ Yes            |   |  | ion. Separately file the records of an   | y interests.11 U.S.C. § 521(c):  |                               |

|     | ebtor 1<br>ebtor 2 | Thomas S. Stefansky<br>Sandra M. Stefansky   | Case number (if known)                    | 5:18-bk-04709   |
|-----|--------------------|--|---|---|
| 25. | _                  | equitable or future interests in property (other than anything listed  | in line 1), and rights or powers exe      | rcisable for your benefit   |
|     | ■ No               | Give specific information about them   |   |   |
|     |                    | •  |   |   |
| 26. | Examp              | , copyrights, trademarks, trade secrets, and other intellectual prop<br>les: Internet domain names, websites, proceeds from royalties and licen      |   |   |
|     | ■ No               | Give specific information about them   |   |   |
|     | Li res.            | Give specific information about them   |   |   |
| 27. | Examp              | es, franchises, and other general intangibles<br>les: Building permits, exclusive licenses, cooperative association holding                          | gs, liquor licenses, professional license | 9S  |
|     | ■ No               | Give specific information about them   |   |   |
|     | □ 1es. v           | Give specific information about them   |   |   |
| M   | oney or p          | property owed to you?  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu           | unds owed to you   |   |   |
|     | ■ No               |  |   |   |
|     | ☐ Yes. (           | Give specific information about them, including whether you already filed  | the returns and the tax years             |   |
|     |                    |  |   |   |
| 29. | _ `                | support<br>les: Past due or lump sum alimony, spousal support, child support, main   | tenance, divorce settlement, property     | settlement  |
|     | ■ No               |  |   |   |
|     | ☐ Yes. C           | Give specific information  |   |   |
| 30. |                    | mounts someone owes you  les: Unpaid wages, disability insurance payments, disability benefits, sic benefits; unpaid loans you made to someone else  | k pay, vacation pay, workers' compen      | sation, Social Security   |
|     | ■ No               |  |   |   |
|     | ☐ Yes.             | Give specific information  |   |   |
| 31. |                    | s in insurance policies<br>les: Health, disability, or life insurance; health savings account (HSA); co  | edit, homeowner's, or renter's insuran    | ce  |
|     | _                  | Name the insurance company of each policy and list its value.  |   |   |
|     | _ 103.1            | Company name:  | Beneficiary:                              | Surrender or refund value:  |
|     |                    | Life insurance, MetLife; face value  |   |   |
|     |                    | \$100,000, no cash surrender value   | Sandra Stefansky                          | \$0.00  |
|     |                    |  |   |   |
| 32. | If you a           | erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance he has died. | policy, or are currently entitled to rece | ive property because  |
|     | ■ No               |  |   |   |
|     | ☐ Yes.             | Give specific information  |   |   |
| 33. |                    | against third parties, whether or not you have filed a lawsuit or males: Accidents, employment disputes, insurance claims, or rights to sue          | de a demand for payment                   |   |
|     | ■ No               |  |   |   |
|     | ☐ Yes.             | Describe each claim  |   |   |
| 34. | Other c            | ontingent and unliquidated claims of every nature, including count   | erclaims of the debtor and rights to      | set off claims  |
|     | ■ No               |  |   |   |
|     | ☐ Yes.             | Describe each claim  |   |   |
|     |                    |  |   |   |

|              | tor 1 Thomas S. Stefansky tor 2 Sandra M. Stefansky   |                             | Case number (if known)    | 5:18-bk-04709     |
|--------------|---|-----------------------------|---------------------------|-------------------|
| 35.          | Any financial assets you did not already list   |                             |                           |                   |
|              | No  |                             |                           |                   |
|              | Yes. Give specific information  |                             |                           |                   |
| 36.          | Add the dollar value of all of your entries from Part 4, includir for Part 4. Write that number here  |                             | jes you have attached     | \$104,009.00      |
| Part         | 5: Describe Any Business-Related Property You Own or Have an Inter  | rest In. List any real esta | ate in Part 1.            |                   |
| 37. <b>I</b> | o you own or have any legal or equitable interest in any business-relat   | ed property?                |                           |                   |
|              | No. Go to Part 6.   |                             |                           |                   |
|              | Yes. Go to line 38.   |                             |                           |                   |
| Part         | 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.                        | ı Own or Have an Interes    | st In.                    |                   |
| 46.          | Oo you own or have any legal or equitable interest in any farm-   | or commercial fishir        | ng-related property?      |                   |
|              | ■ No. Go to Part 7.   |                             |                           |                   |
|              | ☐ Yes. Go to line 47.   |                             |                           |                   |
| Pari         | 7: Describe All Property You Own or Have an Interest in That You  | u Did Not List Above        |                           |                   |
| ı            | Do you have other property of any kind you did not already list<br>Examples: Season tickets, country club membership  No Yes. Give specific information | ?                           |                           |                   |
| 54.          | Add the dollar value of all of your entries from Part 7. Write th   | at number here              |                           | \$0.00            |
| Part         | 8: List the Totals of Each Part of this Form  |                             |                           |                   |
| 55.          | Part 1: Total real estate, line 2   |                             |                           | \$205,275.00      |
| 56.          | Part 2: Total vehicles, line 5  | \$28,032.00                 |                           |                   |
| 57.          | Part 3: Total personal and household items, line 15   | \$5,428.00                  |                           |                   |
| 58.          | Part 4: Total financial assets, line 36   | \$104,009.00                |                           |                   |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                      |                           |                   |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                      |                           |                   |
| 61.          | Part 7: Total other property not listed, line 54 +  | \$0.00                      |                           |                   |
|              | Total personal property. Add lines 56 through 61  | \$137,469.00                | Copy personal property to | otal \$137,469.00 |
| 62.          | Total personal property. Add into so through on   | <del></del>                 | .,,                       | <u> </u>          |

| Fill in this infor  | mation to identify your  | case:              |              |                                    |
|---------------------|--------------------------|--------------------|--------------|------------------------------------|
| Debtor 1            | Thomas S. Stefan         | sky                |              |                                    |
|                     | First Name               | Middle Name        | Last Name    |                                    |
| Debtor 2            | Sandra M. Stefans        | sky                |              |                                    |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name    |                                    |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | PENNSYLVANIA |                                    |
| Case number         | 5:18-bk-04709            |                    |              |                                    |
| (if known)          |                          |                    |              | Check if this is an amended filing |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |  |                                      |       |   |                                    |  |
|--|--|--------------------------------------|-------|---|------------------------------------|--|
|  | ■ You are claiming federal exemptions. 11 U  | J.S.C. § 522(b)(2)                   |       |   |                                    |  |
| 2.   | For any property you list on Schedule A/B  | that you claim as exe                | empt, | fill in the information below.                                  |                                    |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Am    | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|  |  | Copy the value from<br>Schedule A/B  | Che   | eck only one box for each exemption.                            |                                    |  |
|  | 709 Wallace Way Weatherly, PA<br>18255 Carbon County   | \$196,275.00                         |       | \$23,650.00   | 11 U.S.C. § 522(d)(1)              |  |
|  | primary residence Line from Schedule A/B: 1.1  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | 1999 Volkswagon Jetta 128,000 miles automatic, front wheel drive, 2 door, joint with daughter, Hanna Stefansky Line from <i>Schedule A/B</i> : 3.3 | \$1,233.00                           |       | \$1,233.00  | 11 U.S.C. § 522(d)(5)              |  |
|  |  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | 1998 Ford F350 147,000 miles automatic, 4WD, 8' bed, crew cab,   | \$3,465.00                           |       | \$3,465.00  | 11 U.S.C. § 522(d)(2)              |  |
|  | joint with daughter, Hanna Stefansky<br>Line from Schedule A/B: 3.4  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | Household goods and furnishings Line from Schedule A/B: 6.1  | \$1,973.00                           |       | \$1,973.00  | 11 U.S.C. § 522(d)(3)              |  |
| Line Holli Schedule AVB. V.1   |  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | Various electronics Line from Schedule A/B: 7.1  | \$305.00                             |       | \$305.00  | 11 U.S.C. § 522(d)(3)              |  |
|  | Line from Schedule AVD. 111  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

| Debtor 1 | Thomas S. Stefansky |                        |   |
|----------|---------------------|------------------------|---|
| Debtor 2 | Sandra M. Stefansky | Case number (if known) | ) |

| tor 1 Thomas S. Stefansky Sandra M. Stefansky  |                                      |                | Case number (if known)                          | 5:18-bk-04709                      |
|--|--------------------------------------|----------------|---|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own |                | exemption you claim                             | Specific laws that allow exemption |
|  | Copy the value from<br>Schedule A/B  | Check only one | box for each exemption.                         |                                    |
| Crystal collection, antique juke box,<br>Longabergare basket collection                | \$575.00                             | <b>.</b>       | \$575.00  | 11 U.S.C. § 522(d)(3)              |
| Line from Schedule A/B: 8.1  |                                      |                | fair market value, up to icable statutory limit |                                    |
| Camping equipment, treadmill, trampoline, basketball equipment,                        | \$390.00                             | _              | \$390.00  | 11 U.S.C. § 522(d)(3)              |
| foosball table<br>Line from <i>Schedule A/B</i> : <b>9.1</b>                           |                                      |                | fair market value, up to icable statutory limit |                                    |
| Rifle, shotgun<br>Line from Schedule A/B: 10.1   | \$200.00                             |                | \$200.00  | 11 U.S.C. § 522(d)(3)              |
| Line Holli Schedule A/B. 19.1  |                                      |                | fair market value, up to icable statutory limit |                                    |
| Clothes Line from Schedule A/B: 11.1   | \$350.00                             | <b>.</b>       | \$350.00  | 11 U.S.C. § 522(d)(3)              |
| Ellie Holli Gonedale 77 B. TTT   |                                      |                | fair market value, up to icable statutory limit |                                    |
| Clothes Line from Schedule A/B: 11.2   | \$400.00                             | <b>.</b>       | \$400.00  | 11 U.S.C. § 522(d)(3)              |
| Ellie Holli Gonedale 77 B. TTL   |                                      |                | fair market value, up to icable statutory limit |                                    |
| Wedding ring, bracelets (2) Line from Schedule A/B: 12.1                               | \$160.00                             | <b>.</b>       | \$160.00  | 11 U.S.C. § 522(d)(4)              |
|  |                                      |                | fair market value, up to icable statutory limit |                                    |
| Wedding band, costume jewelry Line from Schedule A/B: 12.2                             | \$500.00                             |                | \$500.00  | 11 U.S.C. § 522(d)(4)              |
| Ellie Holli Golledale 77 B. 1212   |                                      |                | fair market value, up to icable statutory limit |                                    |
| dog, cats (7), fish and tanks Line from Schedule A/B: 13.1                             | \$575.00                             | <b>.</b>       | \$575.00  | 11 U.S.C. § 522(d)(3)              |
| Ellie Holli Genedale 74 B. 1911  |                                      |                | fair market value, up to icable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$100.00                             |                | \$100.00  | 11 U.S.C. § 522(d)(5)              |
| Ellio Holli Goriodalo 77 B. 1911   |                                      |                | fair market value, up to icable statutory limit |                                    |
| Checking: M&T Bank   | \$84.00                              | <b>.</b>       | \$84.00   | 11 U.S.C. § 522(d)(5)              |
| Ellio Holli Goriodalo 77 B. 1111   |                                      |                | fair market value, up to icable statutory limit |                                    |
| Eagle Auto Repair and Notary Center,<br>LLC  | \$7,825.00                           | <b>.</b>       | \$7,825.00                                      | 11 U.S.C. § 522(d)(5)              |
| 100%<br>Line from Schedule A/B: 19.1   |                                      |                | fair market value, up to icable statutory limit |                                    |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 3

| Debtor : |   |   |         | Case number (if known) | 5:18-bk-04709                      |
|----------|---|---|---------|------------------------|------------------------------------|
|          | ef description of the property and line on nedule A/B that lists this property  | Current value of the portion you own                            | • •     |                        | Specific laws that allow exemption |
|          |   | Copy the value from<br>Schedule A/B                             |         |                        |                                    |
|          | A: Janney Montgomery Scott, LLC e from Schedule A/B: 21.1   | \$96,000.00   |         | \$96,000.00            | 11 U.S.C. § 522(d)(12)             |
| LIII     | e IIOIII Scriedule A/B. 21.1  | 100% of fair market value, up to any applicable statutory limit |         |                        |                                    |
|          | e you claiming a homestead exemption abject to adjustment on 4/01/19 and every in No  Yes. Did you acquire the property covered | 3 years after that for ca                                       | ises fi | •                      | ,                                  |

Official Form 106C

Yes

Schedule C: The Property You Claim as Exempt

page 3 of 3

| Elling this informati           |   |  |                       |  |                          |
|---------------------------------|---|--|-----------------------|--|--------------------------|
| Fill in this informat           | ion to identify you                       | r case:  |                       |  |                          |
| _                               | Thomas S. Stefa                           |  |                       | -  |                          |
|                                 |   | Middle Name Last Name  |                       |  |                          |
| _                               | Sandra M. Stefa<br>First Name             | Middle Name Last Name  |                       | -  |                          |
| United States Bankr             | untey Court for the:                      | MIDDLE DISTRICT OF PENNSYLVANIA  |                       |  |                          |
| Officed States Dariki           | upicy Court for the.                      | WIDDLE DIGHTOT OF TENNOTEVANIA   |                       | -  |                          |
|                                 | 8-bk-04709                                |  |                       |  |                          |
| (if known)                      |   |  |                       |  | if this is an            |
|                                 |   |  |                       | amend  | led filing               |
| Official Form                   | 106D                                      |  |                       |  |                          |
|                                 |   | Who Have Claims Secure   | ad hy Propert         | ·V   | 12/15                    |
| ocificadic D                    | . Creditors                               | Who have claims seedic   | od by i ropert        | · <b>y</b>                                   | 12/13                    |
|                                 |   | f two married people are filing together, both are out, number the entries, and attach it to this form.  |                       |  |                          |
| 1. Do any creditors ha          | ve claims secured by                      | your property?   |                       |  |                          |
| ☐ No. Check th                  | is box and submit th                      | nis form to the court with your other schedules.   | You have nothing else | to report on this form.                      |                          |
| Yes. Fill in all                | of the information b                      | pelow.   |                       |  |                          |
|                                 | ecured Claims                             |  |                       |  |                          |
|                                 |   | nore then one accured claim list the creditor concrete   | Column A              | Column B                                     | Column C                 |
| for each claim. If more         | than one creditor has                     | nore than one secured claim, list the creditor separate<br>a particular claim, list the other creditors in Part 2. As<br>cal order according to the creditor's name. |                       | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Diamond Re                  |   | Describe the manufactuathet occurred the claims  | \$32,246.00           | \$9,000.00                                   | \$23,246.00              |
| Financial Se  Creditor's Name   | rvices                                    | Describe the property that secures the claim:  Diamond Resorts Virginia Beach,   | Ψ02,240.00            | Ψ3,000.00                                    | Ψ20,240.00               |
|                                 |   | VA   |                       |  |                          |
| Attn: Bankrı                    | ıptcy                                     |  |                       |  |                          |
|                                 | arleston Blvd                             | As of the date you file, the claim is: Check all that apply.   |                       |  |                          |
| Las Vegas, I                    | NV 89135                                  | Contingent   |                       |  |                          |
| Number, Street, Cit             | y, State & Zip Code                       | ☐ Unliquidated   |                       |  |                          |
| Who owes the debt?              | Check one                                 | ☐ Disputed  Nature of lien. Check all that apply.  |                       |  |                          |
| Debtor 1 only                   | oncor onc.                                | ■ An agreement you made (such as mortgage or s   | nogurad               |  |                          |
| Debtor 2 only                   |   | car loan)  | secured               |  |                          |
| ■ Debtor 1 and Debto            | or 2 only                                 | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                       |  |                          |
| ☐ At least one of the o         | debtors and another                       | ☐ Judgment lien from a lawsuit   |                       |  |                          |
| ☐ Check if this claim           | relates to a                              | Other (including a right to offset)  |                       |  |                          |
| community debt                  |   |  |                       |  |                          |
| Date debt was incurre           | Opened<br>09/15 Last<br>Active<br>6/29/18 | Last 4 digits of account number 5841   | <u> </u>              |  |                          |
| O O Intownal Day                |   | B  | <b>#20.000.40</b>     | \$400.07F.00                                 | <b>\$0.00</b>            |
| 2.2 Internal Rev                | enue Service                              | Describe the property that secures the claim:  709 Wallace Way Weatherly, PA   | \$32,800.19           | \$196,275.00                                 | \$0.00                   |
|                                 |   | 18255 Carbon County  |                       |  |                          |
| P.O. Box 73                     | 46  | primary residence  |                       |  |                          |
| Philadelphia                    |   | As of the date you file, the claim is: Check all that apply.   |                       |  |                          |
| 19101-7346                      |   | Contingent   |                       |  |                          |
| Number, Street, Cit             | y, State & Zip Code                       | Unliquidated   |                       |  |                          |
| Who ower the date               | Chaok and                                 | Disputed   |                       |  |                          |
| Who owes the debt?              | с опеск опе.                              | Nature of lien. Check all that apply.  | encured               |  |                          |
| ☐ Debtor 1 only ☐ Debtor 2 only |   | An agreement you made (such as mortgage or s car loan)   | securea               |  |                          |
| Debtor 1 and Debto              | or 2 only                                 | Statutory lien (such as tax lien, mechanic's lien)   |                       |  |                          |
| ■ At least one of the o         | •   | ☐ Judgment lien from a lawsuit   |                       |  |                          |
| , a load one of the C           |   | <u> </u>   |                       |  |                          |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

| Debtor 1 Thomas S. Stefansky First Name Middle N        | lame Last Name   | Case number (if known) | 5:18-bk-04709   |   |
|---|--|------------------------|-----------------|---|
| Debtor 2 Sandra M. Stefansky                            | arrie Last Name  |                        |                 |   |
| First Name Middle N                                     | ame Last Name  |                        |                 |   |
| ☐ Check if this claim relates to a community debt       | Other (including a right to offset)  |                        |                 |   |
| Date debt was incurred 07/01/2016                       | Last 4 digits of account number 621  | 4                      |                 |   |
| 2.3 M & T Bank  | Describe the property that secures the claim:                                | \$105,849.00           | \$196,275.00    | \$0.00                                  |
| Creditor's Name  Attn: Bankruptcy                       | 709 Wallace Way Weatherly, PA<br>18255 Carbon County<br>primary residence    |                        |                 |   |
| Po Box 844<br>Buffalo, NY 14240                         | As of the date you file, the claim is: Check all that apply.  Contingent     |                        |                 |   |
| Number, Street, City, State & Zip Code                  | ☐ Unliquidated ☐ Disputed  |                        |                 |   |
| Who owes the debt? Check one.                           | Nature of lien. Check all that apply.  |                        |                 |   |
| ☐ Debtor 1 only ☐ Debtor 2 only                         | <ul> <li>An agreement you made (such as mortgage or<br/>car loan)</li> </ul> | secured                |                 |   |
| ■ Debtor 1 and Debtor 2 only                            | ☐ Statutory lien (such as tax lien, mechanic's lien)                         | )                      |                 |   |
| ☐ At least one of the debtors and another               | ☐ Judgment lien from a lawsuit   |                        |                 |   |
| ☐ Check if this claim relates to a community debt       | Other (including a right to offset)  |                        |                 |   |
| Opened<br>05/13 Last<br>Active                          |  |                        |                 |   |
| Date debt was incurred 9/04/18                          | Last 4 digits of account number 449  | <u> </u>               |                 |   |
| 2.4 M&T Credit Services                                 | Describe the property that secures the claim:                                | \$14,562.00            | \$14,404.00     | \$158.00                                |
| Creditor's Name   | 2013 Chevy Camaro 47,000 miles   | ]                      | <del>+ , </del> | *************************************** |
| Legal Document  | automatic, rear wheel drive, 2 door  |                        |                 |   |
| Processing<br>1100 Wherle Dr<br>Williamsville, NY 14221 | As of the date you file, the claim is: Check all that apply.                 | J                      |                 |   |
| Number, Street, City, State & Zip Code                  | ☐ Contingent☐ Unliquidated   |                        |                 |   |
| Who owes the debt? Check one.                           | ☐ Disputed  Nature of lien. Check all that apply.                            |                        |                 |   |
| ■ Debtor 1 only   | ■ An agreement you made (such as mortgage or                                 | secured                |                 |   |
| Debtor 2 only   | car loan)  | Scoured                |                 |   |
| ☐ Debtor 1 and Debtor 2 only                            | ☐ Statutory lien (such as tax lien, mechanic's lien)                         | 1                      |                 |   |
| At least one of the debtors and another                 | ☐ Judgment lien from a lawsuit   |                        |                 |   |
| ☐ Check if this claim relates to a community debt       | Other (including a right to offset)  |                        |                 |   |
| Opened 07/13 Last Active Date debt was incurred 8/02/18 | Last 4 digits of account number 000  | 1                      |                 |   |
|   | <del>-</del>   |                        |                 |   |
| 2.5 Mauch Chunk Trust Company                           | Describe the property that secures the claim:                                | \$44,240.01            | \$196,275.00    | \$0.00                                  |
| Creditor's Name   | 709 Wallace Way Weatherly, PA<br>18255 Carbon County                         |                        |                 |   |
|   | primary residence  |                        |                 |   |
| 1111 North St,.   | As of the date you file, the claim is: Check all that apply.                 |                        |                 |   |
| Jim Thorpe, PA 18229                                    | Contingent   |                        |                 |   |
| Number, Street, City, State & Zip Code                  | ☐ Unliquidated ☐ Disputed  |                        |                 |   |

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Official Form 106D

page 2 of 3

Best Case Bankruptcy

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Debtor 1  | Thomas S                        | . Stefansky                               |                  |                                      | Ca          | ase number (if known) | 5:18-bk-04709 |            |
|-----------|---------------------------------|---|------------------|--------------------------------------|-------------|-----------------------|---------------|------------|
|           | First Name                      | Middle N                                  | lame             | Last Name                            |             |                       |               |            |
| Debtor 2  | Sandra M.                       |   |                  |                                      |             |                       |               |            |
|           | First Name                      | Middle N                                  | ame              | Last Name                            |             |                       |               |            |
| Who owe   | s the debt? C                   | heck one.                                 | Nature o         | f lien. Check all that apply.        |             |                       |               |            |
| ☐ Debtor  | 1 only                          |   |                  | reement you made (such as mortg      | age or secu | red                   |               |            |
| ☐ Debtor  | 2 only                          |   | car lo           | oan)                                 |             |                       |               |            |
| Debtor    | 1 and Debtor 2                  | only!                                     | ☐ Statut         | ory lien (such as tax lien, mechanic | c's lien)   |                       |               |            |
| ☐ At leas | t one of the deb                | otors and another                         | ■ Judgn          | nent lien from a lawsuit             |             |                       |               |            |
|           | if this claim re                | elates to a                               | ☐ Other          | (including a right to offset)        |             |                       |               |            |
| Date debt | was incurred                    | 05/10/2018                                | _ La             | st 4 digits of account number        | 1277        |                       |               |            |
| 2.6 Sai   | ntander Coi<br>A                | nsumer                                    | Describe         | the property that secures the cl     | aim:        | \$14,103.00           | \$8,930.00    | \$5,173.00 |
| Cred      | itor's Name                     |   | 2015 C           | hrysler Town & Country               |             |                       |               |            |
|           |                                 |   | 115,000          |                                      |             |                       |               |            |
| Att       | n: Bankrup                      | tcy                                       |                  | tic, front wheel drive, 5 d          |             |                       |               |            |
| Po        | Box 96124                       | 5   | As of the apply. | date you file, the claim is: Check   | all that    |                       |               |            |
| Foi       | rt Worth, TX                    | 76161                                     | ☐ Contin         | ngent                                |             |                       |               |            |
| Num       | ber, Street, City, S            | State & Zip Code                          | ☐ Unliqu         | idated                               |             |                       |               |            |
|           |                                 |   | ☐ Disput         |                                      |             |                       |               |            |
|           | s the debt? C                   | heck one.                                 | Nature o         | f lien. Check all that apply.        |             |                       |               |            |
| Debtor    |                                 |   | An ag            | reement you made (such as mortg      | age or secu | red                   |               |            |
| Debtor    | 2 only                          |   | car lo           | •                                    |             |                       |               |            |
| Debtor    | 1 and Debtor 2                  | only                                      |                  | ory lien (such as tax lien, mechanic | c's lien)   |                       |               |            |
| At leas   | t one of the deb                | otors and another                         |                  | nent lien from a lawsuit             |             |                       |               |            |
|           | if this claim re<br>nunity debt | elates to a                               | ☐ Other          | (including a right to offset)        |             |                       |               |            |
| Date debt | was incurred                    | Opened<br>02/15 Last<br>Active<br>7/29/18 | La               | est 4 digits of account number       | 1000        |                       |               |            |
|           |                                 |   |                  |                                      |             | <del></del>           |               |            |
|           |                                 |   |                  |                                      |             |                       |               |            |
| Add the   | dollar value of                 | f your entries in C                       | column A o       | n this page. Write that number h     | ere:        | \$243,800             | 0.20          |            |
|           | the last page                   | •   | the dollar       | value totals from all pages.         |             | \$243,800             | 0.20          |            |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in t                        | this information to identify your   | case:  |                                      |  |                           |                                      |
|----------------------------------|---|--|--------------------------------------|--|---------------------------|--------------------------------------|
| Debtor                           |   | _  |                                      |  |                           |                                      |
| Debtoi                           | First Name  | Middle Name  | Last Name                            |  |                           |                                      |
| Debtor                           | 2 Sandra M. Stefan  | sky  |                                      |  |                           |                                      |
| (Spouse                          | if, filing) First Name  | Middle Name  | Last Name                            |  |                           |                                      |
| United                           | States Bankruptcy Court for the:  | MIDDLE DISTRICT OF PEN   | INSYLVANIA                           |  |                           |                                      |
| Case n                           | number 5:18-bk-04709  |  |                                      |  |                           |                                      |
| (if known                        |   |  |                                      |  |                           | Check if this is an                  |
|                                  |   |  |                                      |  |                           | amended filing                       |
| Offici                           | al Form 106E/F  |  |                                      |  |                           |                                      |
|                                  | edule E/F: Creditors W  | ho Have Unsecure   | d Claims                             |  |                           | 12/15                                |
|                                  | omplete and accurate as possible. Us  |  |                                      | Part 2 for craditors with NONE                                       | DIODITY 6                 |                                      |
| Schedul<br>Schedul<br>left. Atta | cutory contracts or unexpired leases<br>e G: Executory Contracts and Unexp<br>e D: Creditors Who Have Claims Sec<br>ich the Continuation Page to this page<br>d case number (if known). | ired Leases (Official Form 106G)<br>ured by Property. If more space<br>le. If you have no information to | ). Do not include<br>is needed, copy | any creditors with partially se<br>the Part you need, fill it out, n | ecured clair<br>umber the | ns that are listed in entries in the |
| Part 1:                          | List All of Your PRIORITY Ur  | secured Claims   |                                      |  |                           |                                      |
|                                  | any creditors have priority unsecure  | d claims against you?  |                                      |  |                           |                                      |
|                                  | No. Go to Part 2.   |  |                                      |  |                           |                                      |
|                                  | Yes.  |  |                                      |  |                           |                                      |
| Part 2:                          | List All of Your NONPRIORIT   | Y Unsecured Claims   |                                      |  |                           |                                      |
| 3. Do                            | any creditors have nonpriority unsec  | cured claims against you?  |                                      |  |                           |                                      |
|                                  | No. You have nothing to report in this p  | art. Submit this form to the court w   | ith your other sch                   | edules.  |                           |                                      |
|                                  | Yes.  |  |                                      |  |                           |                                      |
| 4. List                          | t all of your nonpriority unsecured cl<br>ecured claim, list the creditor separatel<br>n one creditor holds a particular claim, l   | y for each claim. For each claim lis   | ted, identify what t                 | ype of claim it is. Do not list claim                                | ims already               | included in Part 1. If more          |
|                                  |   |  |                                      |  |                           | Total claim                          |
| 4.1                              | Arcadia Recovery Bureau   | Last 4 digits of a   | ccount number                        | 0634   |                           | \$115.00                             |
|                                  | Nonpriority Creditor's Name   |  |                                      | 0 1 0/00/40  |                           |                                      |
|                                  | 645 Penn Street<br>4th Floor  | When was the de  | ebt incurred?                        | Opened 3/09/18   |                           |                                      |
|                                  | Reading, PA 19601   |  |                                      |  |                           |                                      |
|                                  | Number Street City State Zlp Code   | As of the date yo  | ou file, the claim i                 | s: Check all that apply  |                           |                                      |
|                                  | Who incurred the debt? Check one.   |  |                                      |  |                           |                                      |
|                                  | ■ Debtor 1 only   | ☐ Contingent   |                                      |  |                           |                                      |
|                                  | ☐ Debtor 2 only   | ☐ Unliquidated   |                                      |  |                           |                                      |
|                                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                                      |  |                           |                                      |
|                                  | ☐ At least one of the debtors and and   | other Type of NONPRI   | ORITY unsecured                      | d claim:   |                           |                                      |
|                                  | ☐ Check if this claim is for a com  | munity   |                                      |  |                           |                                      |
|                                  | debt  | ☐ Obligations are  | ising out of a sepa                  | ration agreement or divorce that                                     | at you did no             | t                                    |
|                                  | Is the claim subject to offset?   | report as priority o   |                                      | and and and all the second   |                           |                                      |
|                                  | No No   | ·  | •                                    | g plans, and other similar debts                                     | 3                         |                                      |
|                                  | ☐ Yes   | Other. Specify   | Amg Home                             | town   |                           |                                      |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor<br>Debtor | Thomas S. Stefansky Sandra M. Stefansky   |  | Case number (if known)   | 5:18-bk-04709    |  |
|------------------|---|--|--|------------------|--|
| 4.2              | Arcadia Recovery Bureau   | Last 4 digits of account number                              | 0634   | \$115.00         |  |
|                  | Nonpriority Creditor's Name<br>645 Penn Street<br>4th Floor<br>Reading, PA 19601                                  | When was the debt incurred?                                  | 03/09/2018   |                  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim                           | is: Check all that apply                                       |                  |  |
|                  | ■ Debtor 1 only   | ☐ Contingent   |  |                  |  |
|                  | Debtor 2 only   | ☐ Unliquidated   |  |                  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                  |  |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:   |                  |  |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                  |  |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce                                   | that you did not |  |
|                  | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar de                                 | bts              |  |
|                  | ☐ Yes   | Other. Specify Collection                                    | account  |                  |  |
| 4.3              | Bank Of America   | Last 4 digits of account number                              | 9592   | \$18,725.00      |  |
|                  | Nonpriority Creditor's Name Attention: Recovery Department NC4-102-03-14 4161 Peidmont Pkwy. Greensboro, NC 27410 | When was the debt incurred?                                  |  |                  |  |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                                       |                  |  |
|                  | Who incurred the debt? Check one.   | -  |  |                  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |  |                  |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |  |                  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | Disputed   |  |                  |  |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:   |                  |  |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                  |  |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | out of a separation agreement or divorce that you did not<br>s |                  |  |
|                  | No  | ☐ Debts to pension or profit-sharing                         | ng plans, and other similar de                                 | bts              |  |
|                  | Yes   | Other. Specify Credit Card                                   | d - Business-related d   | lebt             |  |
| 4.4              | Barclays Bank Delaware Nonpriority Creditor's Name  | Last 4 digits of account number                              | 8765   | \$0.00           |  |
|                  | Attn: Correspondence<br>Po Box 8801   | When was the debt incurred?                                  | Opened 08/13 Last 1/09/17                                      | Active           |  |
|                  | Wilmington, DE 19899<br>Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                                       |                  |  |
|                  | Who incurred the debt? Check one.   | _  |  |                  |  |
|                  | Debtor 1 only   | Contingent   |  |                  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |  |                  |  |
|                  | Debtor 1 and Debtor 2 only  | Disputed   |  |                  |  |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:   |                  |  |
|                  | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa          | aration agreement or divorce                                   | that you did not |  |
|                  | Is the claim subject to offset?   | report as priority claims                                    |  |                  |  |
|                  | No  | Debts to pension or profit-sharin                            |  | DIS              |  |
|                  | Yes   | ■ Other. Specify Credit Card                                 | d  |                  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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|     | Sandra M. Stefansky   |  | Case number (if known)         | 5:18-bk-04709    |            |  |  |  |
|-----|---|--|--------------------------------|------------------|------------|--|--|--|
| 4.5 | BB&T  | Last 4 digits of account number  | 3049                           |                  | \$0.00     |  |  |  |
|     | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1847 Wilson, NC 27894 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred?  As of the date you file, the claim  | t Active                       |                  |            |  |  |  |
|     | _   | _  |                                |                  |            |  |  |  |
|     | Debtor 1 only   | Contingent   |                                |                  |            |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated   |                                |                  |            |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                                |                  |            |  |  |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                       |                  |            |  |  |  |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separate state of the   | aration agreement or divorce   | that you did not |            |  |  |  |
|     |   | report as priority claims  Debts to pension or profit-sharing  | a a along and other similar de | shto             |            |  |  |  |
|     | ■ No  |  | •                              | edis             |            |  |  |  |
|     | Yes   | Other. Specify Check Cree  | dit Or Line Of Credit          |                  |            |  |  |  |
| 4.6 | Brian & Shirley Tirpak Nonpriority Creditor's Name  | Last 4 digits of account number  |                                |                  | \$7,105.53 |  |  |  |
|     | 10 Hemlock Drive<br>Nesquehoning, PA 18240  | When was the debt incurred?  | 124-2017                       |                  |            |  |  |  |
|     | Number Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that apply       |                  |            |  |  |  |
|     | Who incurred the debt? Check one.   |  |                                |                  |            |  |  |  |
|     | Debtor 1 only   | Debtor 1 only  |                                |                  |            |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |                                |                  |            |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                                |                  |            |  |  |  |
|     | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                       |                  |            |  |  |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |                                |                  |            |  |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separate of the Delay of the | •                              |                  |            |  |  |  |
|     | No  | ☐ Debts to pension or profit-shari   | ebts                           |                  |            |  |  |  |
|     | Yes   | Other. Specify Lease defice  | ciency                         |                  |            |  |  |  |
| 4.7 | Cap1/Justice  | Last 4 digits of account number  | 2833                           |                  | \$451.00   |  |  |  |
|     | Nonpriority Creditor's Name Capital One Retail Srvs/Attn: Bankruptcy Po Box 30258 Salt Lake City, UT 84130                                    | When was the debt incurred?  | Opened 08/16 Last 2/19/18      | t Active         |            |  |  |  |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply       |                  |            |  |  |  |
|     | ☐ Debtor 1 only   | ☐ Contingent   |                                |                  |            |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated   |                                |                  |            |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                                |                  |            |  |  |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                       |                  |            |  |  |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |                                |                  |            |  |  |  |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce   | that you did not |            |  |  |  |
|     | No  | Debts to pension or profit-sharing   | ng plans, and other similar de | ebts             |            |  |  |  |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Thomas S. Stefansky

■ Other. Specify Charge Account

| Debt | or 2 Sandra M. Stefansky   |  | Case number (if known) 5:18-bk-04/09          |            |
|------|--|--|---|------------|
| 4.8  | Capital One  | Last 4 digits of account number                              | 3189  | \$8,190.00 |
|      | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285                                      | When was the debt incurred?                                  | Opened 09/15 Last Active 12/11/17             |            |
|      | Salt Lake City, UT 84130  Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |            |
|      | Who incurred the debt? Check one.  |  |   |            |
|      | Debtor 1 only  | ☐ Contingent   |   |            |
|      | ■ Debtor 2 only  | ☐ Unliquidated   |   |            |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|      | ☐ Check if this claim is for a community   | Student loans  |   |            |
|      | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|      | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|      | Yes  | Other. Specify Charge Ac                                     | count   |            |
| 4.9  | Capital One  | Last 4 digits of account number                              | 5188  | \$0.00     |
|      | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285                                      | When was the debt incurred?                                  | Opened 08/10 Last Active 11/11/15             |            |
|      | Salt Lake City, UT 84130  Number Street City State Zlp Code                                    | As of the date you file, the claim                           |   |            |
|      | Who incurred the debt? Check one.  | 710 of the date you me, the dam                              | io. Official that apply                       |            |
|      | Debtor 1 only  | ☐ Contingent   |   |            |
|      | ■ Debtor 2 only  | ☐ Unliquidated   |   |            |
|      | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |            |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|      | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|      | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|      | No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|      | Yes  | Other. Specify Credit Card                                   | <u>d</u>                                      |            |
| 4.1  | Capital One  |  | 6538  | \$1,908.00 |
| 0    | Nonpriority Creditor's Name  | Last 4 digits of account number                              |   | Ψ1,300.00  |
|      | Attn: Bankruptcy Po Box 30285  | When was the debt incurred?                                  | Opened 05/14 Last Active 1/02/18              |            |
|      | Salt Lake City, UT 84130  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
|      | Debtor 1 only  | ☐ Contingent   |   |            |
|      | Debtor 2 only  | ☐ Unliquidated   |   |            |
|      | ☐ Debtor 1 and Debtor 2 only   |  |   |            |
|      | At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecure                     | d claim:                                      |            |
|      | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|      | debt   |  | aration agreement or divorce that you did not |            |
|      | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharir | og plans, and other similar debte             |            |
|      | ■ No   |  |   |            |
|      | ☐ Yes  | Other Specify Charge Ac                                      | count - Business -realted debt                |            |

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Thomas S. Stefansky

|     | 2 Sandra M. Stefansky  |   | Case number (if known)         | 5:18-bk-04709    |             |
|-----|--|---|--------------------------------|------------------|-------------|
| 4.1 | Capital One  | Last 4 digits of account number   | 3417                           |                  | \$4,468.00  |
|     | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130   | When was the debt incurred?   | t Active                       | Ψ4,400.00        |             |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply       |                  |             |
|     | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Contingent ☐ Unliquidated ☐ Disputed  |                                |                  |             |
|     | ■ At least one of the debtors and another  □ Check if this claim is for a community debt Is the claim subject to offset?  ■ No | Type of NONPRIORITY unsecure  ☐ Student loans ☐ Obligations arising out of a sep report as priority claims ☐ Debts to pension or profit-shari | aration agreement or divorce   |                  |             |
|     | □ Yes  | Other. Specify     Credit Care  | • •                            |                  |             |
| 4.1 | Capital One  | Last 4 digits of account number   | 9775                           |                  | \$21,244.00 |
|     | Nonpriority Creditor's Name P.O. Box 30285 Salt Lake City, UT 84130  | When was the debt incurred?   | 10/07/2017                     |                  |             |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply       |                  |             |
|     | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated   |                                |                  |             |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt           | ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a sep   |                                | that you did not |             |
|     | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-shari   |                                | ebts             |             |
|     | ☐ Yes  | Other. Specify credit card  | <u> </u>                       |                  |             |
| 4.1 | Capital One Nonpriority Creditor's Name P.O. Box 30285 Salt Lake City, UT 84130  | Last 4 digits of account number When was the debt incurred?   | 2460                           |                  | \$6,624.00  |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Check all that apply       |                  |             |
|     | ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent ☐ Unliquidated   |                                |                  |             |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community                | ☐ Disputed  Type of NONPRIORITY unsecure  ☐ Student loans   | ed claim:                      |                  |             |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sep report as priority claims  | aration agreement or divorce   | that you did not |             |
|     | ■ No   | Debts to pension or profit-shari  | ng plans, and other similar de | ebts             |             |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit card

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| ebtor 2 Sandra M. Stefansky                               |   | Case number (if known) 5:18-bk-04709          | 1           |
|---|---|---|-------------|
| Catherines/Comenity                                       | Last 4 digits of account number                                 | 6788  | \$0.00      |
| Nonpriority Creditor's Name                               |   | Opened 11/00 Lest Active                      |             |
| Attn: Bankruptcy<br>Po Box 182125                         | When was the debt incurred?                                     | Opened 11/09 Last Active 5/16/11              |             |
| Columbus, OH 43218  |   |   |             |
| Number Street City State Zlp Code                         | As of the date you file, the claim                              | is: Check all that apply                      |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only        | _   |   |             |
|   | Contingent  |   |             |
| Debtor 2 only   | Unliquidated  |   |             |
| Debtor 1 and Debtor 2 only                                | ☐ Disputed  |   |             |
| $\square$ At least one of the debtors and anothe          |   | d claim:                                      |             |
| ☐ Check if this claim is for a commun                     |   |   |             |
| debt Is the claim subject to offset?                      | ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharing                              | ng plans, and other similar debts             |             |
| ☐ Yes   | Other. Specify Charge Ac  | count   |             |
| Cintas Corporation  | Last 4 digits of account number                                 |   | \$14,355.77 |
| Nonpriority Creditor's Name                               |   |   | * ,         |
| 1065 Hanover St.  | When was the debt incurred?                                     |   |             |
| Wilkes Barre, PA 18706  Number Street City State Zlp Code | As of the data was file the plains                              | : O I II                                      |             |
| Who incurred the debt? Check one.                         | As of the date you file, the claim                              | is: Check all that apply                      |             |
| Debtor 1 only   | Пол   |   |             |
| Debtor 2 only   | Contingent  |   |             |
| Debtor 1 and Debtor 2 only                                | ☐ Unliquidated  |   |             |
| <u> </u>  | ☐ Disputed  | Total co                                      |             |
| At least one of the debtors and anothe                    |   | d claim:                                      |             |
| Check if this claim is for a commun                       | •   |   |             |
| debt Is the claim subject to offset?                      | ☐ Obligations arising out of a separe port as priority claims   | aration agreement or divorce that you did not |             |
| ■ No  | ☐ Debts to pension or profit-sharing                            | ng plans, and other similar debts             |             |
| Yes   | Other. Specify Lease defic                                      | ciency  |             |
| Citibank/Sears  | Last 4 digits of account number                                 | 4794  | \$3,974.00  |
| Nonpriority Creditor's Name                               |   |   | · •         |
| Centralized Bankruptcy                                    | W   | Opened 07/12 Last Active                      |             |
| Po Box 790034<br>St Louis, MO 63179                       | When was the debt incurred?                                     | 2/14/18                                       |             |
| Number Street City State Zlp Code                         | As of the date you file, the claim                              | is: Check all that apply                      |             |
| Who incurred the debt? Check one.                         |   |   |             |
| ☐ Debtor 1 only   | ☐ Contingent  |   |             |
| Debtor 2 only   | ☐ Unliquidated  |   |             |
| ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed  |   |             |
| ☐ At least one of the debtors and anothe                  | _ '   | d claim:                                      |             |
| Check if this claim is for a commun                       | □ • · · · ·   |   |             |

debt

■ No ☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit Card

report as priority claims

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 $\square$  Check if this claim is for a community

Is the claim subject to offset?

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

| Last 4 digits of account number                              | 1328  |  |
|--|---|--|
| When was the debt incurred?                                  | Opened 05/15 Last Active 5/02/17  |  |
| As of the date you file, the claim i                         | is: Check all that apply  |  |
| ☐ Contingent   |   |  |
|  |   |  |
| _ '  |   |  |
| •  | d claim:  |  |
| ☐ Student loans  |   |  |
| Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not  |  |
| ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts  |  |
| ■ Other. Specify Charge Acc                                  | count   |  |
|  |   |  |
| Last 4 digits of account number                              | 6270  | Un   |
| _  | Opened 42/04 Leet Active  |  |
| When was the debt incurred?                                  | 1/24/02   |  |
| As of the date you file, the claim i                         | is: Check all that apply  |  |
|  |   |  |
| ☐ Contingent   |   |  |
| ☐ Unliquidated   |   |  |
| ☐ Disputed   |   |  |
| Type of NONPRIORITY unsecured                                | d claim:  |  |
| ☐ Student loans  |   |  |
| ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |  |
| Debts to pension or profit-sharing                           | g plans, and other similar debts  |  |
| Other. Specify Charge Acc                                    | count   |  |
| Last 4 digits of account number                              | 4130  |  |
|  |   |  |
| When we the 1-14 to 12 to                                    | Opened 12/11 Last Active  |  |
| wnen was the debt incurred?                                  | Z/11/11   |  |
| As of the date you file, the claim i                         | is: Check all that apply  |  |
| As of the date you me, the claim                             | e. e. ee an anat app.y  |  |
|  | When was the debt incurred?  As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Charge Account number  When was the debt incurred?  As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Charge Account number  Last 4 digits of account number  Charge Account Charge Account number | Opened 05/15 Last Active 5/02/17  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Charge Account  Last 4 digits of account number When was the debt incurred? Opened 12/01 Last Active 1/24/02  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account  Last 4 digits of account number  4130 Opened 12/11 Last Active 2/17/17 |

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Disputed

☐ Student loans

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☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

■ Other. Specify Charge Account

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

|          | or 1 Thomas S. Stefansky Sandra M. Stefansky                                       |  | Case number (if known) 5:18-bk-04709         |          |
|----------|--|--|--|----------|
| 4.2<br>0 | Comenity Bank/Victoria Secret  | Last 4 digits of account number                              | 6045   | \$938.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 45318 | When was the debt incurred?                                  | Opened 08/11 Last Active 2/02/18             |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                | As of the date you file, the claim                           | s: Check all that apply                      |          |
|          | ☐ Debtor 1 only  | ☐ Contingent   |  |          |
|          | ■ Debtor 2 only  | ☐ Unliquidated   |  |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|          | ☐ Yes  | Other. Specify Charge Acc                                    | count  |          |
| 4.2      | Comenity Bank/Woman Within   | Last 4 digits of account number                              | 1179   | \$0.00   |
| ·        | Nonpriority Creditor's Name  | _  |  |          |
|          | Attn: Bankruptcy<br>Po Box 182125<br>Columbus, OH 43218                            | When was the debt incurred?                                  | Opened 11/07 Last Active 9/25/10             |          |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.               | As of the date you file, the claim                           | s: Check all that apply                      |          |
|          | Debtor 1 only  | ☐ Contingent   |  |          |
|          | ■ Debtor 2 only  | ☐ Unliquidated   |  |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |          |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|          | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|          | Yes  | ■ Other. Specify Charge Acc                                  | count  |          |
| 4.2      | Comenity Capital Bank/HSN  | Last 4 digits of account number                              | 1250   | \$0.00   |
|          | Nonpriority Creditor's Name  |  |  | <b>,</b> |
|          | Attn: Bankruptcy Dept<br>Po Box 18215  | When was the debt incurred?                                  | Opened 12/15 Last Active 8/02/16             |          |
|          | Columbus, OH 43218  Number Street City State Zlp Code                              | As of the date you file, the claim i                         | s: Check all that apply                      |          |
|          | Who incurred the debt? Check one.  | o auto you mo, mo olumn                                      | an ana app.,                                 |          |
|          | Debtor 1 only  | ☐ Contingent   |  |          |
|          | ■ Debtor 2 only  | ☐ Unliquidated   |  |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |          |

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Student loans

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☐ Check if this claim is for a community

Is the claim subject to offset?

Best Case Bankruptcy

■ Other. Specify Charge Account

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

| Comenity/Fashion Bug   | Last 4 digits of account number                            | 1184  | \$0.     |
|--|--|---|----------|
| Nonpriority Creditor's Name Attn: Bankrutptcy Dept Po Box 18215 Columbus, OH 43218 | When was the debt incurred?                                | Opened 05/11 Last Active 10/17/11             |          |
| Number Street City State Zlp Code Who incurred the debt? Check one.                | As of the date you file, the claim                         | is: Check all that apply                      |          |
| ☐ Debtor 1 only  | ☐ Contingent   |   |          |
| ■ Debtor 2 only  | Unliquidated   |   |          |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |          |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
| debt   |  | aration agreement or divorce that you did not |          |
| Is the claim subject to offset?  | report as priority claims                                  |   |          |
| No   | Debts to pension or profit-sharing                         |   |          |
| Yes  | Other. Specify Charge Acc                                  | count   |          |
| Comenitycapital/boscov   | Last 4 digits of account number                            | 1583  | \$1,740. |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 | When was the debt incurred?                                | Opened 08/11 Last Active 1/21/18              |          |
| Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply                      |          |
| Who incurred the debt? Check one.  |  |   |          |
| Debtor 1 only  | ☐ Contingent   |   |          |
| ■ Debtor 2 only  | ☐ Unliquidated   |   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |          |
| Check if this claim is for a community   | ☐ Student loans  |   |          |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
| ☐ Yes  | Other. Specify Charge Acc                                  | count   |          |
| Comenitycapital/ultamc   | Last 4 digits of account number                            | 4484  | \$2,974  |
| Nonpriority Creditor's Name  | _  |   |          |
| Attn: Bankruptcy Dept<br>Po Box 182125   | When was the debt incurred?                                | Opened 08/16 Last Active 1/04/18              |          |
| Columbus, OH 43218   | when was the dept incurred?                                | 1/04/10                                       |          |
| Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply                      |          |
| Who incurred the debt? Check one.  |  |   |          |
| Debtor 1 only  | ☐ Contingent   |   |          |
| ■ Debtor 2 only  | ☐ Unliquidated   |   |          |

☐ Yes

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debt

■ No

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit Card

☐ Disputed

☐ Student loans

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☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

Best Case Bankruptcy

Type of NONPRIORITY unsecured claim:

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

| or 1 Thomas S. Stefansky Sandra M. Stefansky   |  | Case number (if known) 5:18-bk-04709          |   |
|--|--|---|---|
| Department of Labor & Industry   | Last 4 digits of account number                            | 2018  | \$1,963.58  |
| Nonpriority Creditor's Name 651 Boas Street, Room 702                                    | When was the debt incurred?                                | 01/26/2018                                    |   |
| Harrisburg, PA 17121 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |   |
| Debtor 1 only  | ☐ Contingent   |   |   |
| Debtor 2 only  | ☐ Unliquidated   |   |   |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |   |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |   |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |   |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |   |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |   |
| ☐ Yes  | Other Specify unemployr                                    | nent compensation tax                         |   |
| Department of Labor & Industry   | Last 4 digits of account number                            | 2017  | \$12,285.3  |
| Nonpriority Creditor's Name  |  |   | <del>• • • • • • • • • • • • • • • • • • • </del> |
| Office of US Tax Services<br>625 Cherry St., Rm 203<br>Reading, PA 19602                 | When was the debt incurred?                                | 11/20/2017                                    |   |
| Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply                      |   |
| Who incurred the debt? Check one.  |  |   |   |
| ☐ Debtor 1 only  | ☐ Contingent   |   |   |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |   |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |   |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |   |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |   |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |   |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |   |
| Yes  | Other. Specify unemployr                                   | nent compensation tax                         |   |
| Department of Labor & Industry   | Last 4 digits of account number                            |   | \$16,629.7  |
| Nonpriority Creditor's Name Office of US Tax Services 625 Cherry St., Rm 203             | When was the debt incurred?                                | 03/01/2017                                    | ********  |
| Reading, PA 19602  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim                         | is: Check all that apply                      |   |
| Debtor 1 only  | Пол  |   |   |
| Debtor 2 only  | Contingent   |   |   |
| _  | ☐ Unliquidated   |   |   |
| Debtor 1 and Debtor 2 only   | Disputed   | d claim:                                      |   |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  ☐ Student loans              | u Ciaiiii.                                    |   |
| ☐ Check if this claim is for a community debt  |  | pration agreement or diverse that you did not |   |

■ No
□ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

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Is the claim subject to offset?

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify unemployment compensation tax

| Debto<br>Debto | or 1 Thomas S. Stefansky Sandra M. Stefansky                               |  | Case number (if known)          | 5:18-bk-04709   |
|----------------|--|--|---------------------------------|-----------------|
| 4.2<br>9       | Discover Financial   | Last 4 digits of account number                              | 3724                            | \$5,011.00      |
|                | Nonpriority Creditor's Name Po Box 3025 New Albany, OH 43054               | When was the debt incurred?                                  | Opened 12/16 Last /<br>3/14/18  | Active          |
|                | Number Street City State Zlp Code  Who incurred the debt? Check one.       | As of the date you file, the claim                           | is: Check all that apply        |                 |
|                | ■ Debtor 1 only  | ☐ Contingent   |                                 |                 |
|                | Debtor 2 only  | ☐ Unliquidated   |                                 |                 |
|                | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                 |                 |
|                | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecure                                 | d claim:                        |                 |
|                | ☐ Check if this claim is for a community                                   | ☐ Student loans  |                                 |                 |
|                | debt Is the claim subject to offset?                                       | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce th | nat you did not |
|                | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar deb | ts              |
|                | Yes  | Other. Specify Credit Card                                   | d                               |                 |
| 4.3<br>0       | E.N.T. Surgical Associates, PC   | Last 4 digits of account number                              | 8632                            | \$398.00        |
|                | Nonpriority Creditor's Name 50 Moisey Dr., Ste 212 Hazleton, PA 18201-9297 | When was the debt incurred?                                  | 01/15/2017                      |                 |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.        | As of the date you file, the claim                           | is: Check all that apply        |                 |
|                | ☐ Debtor 1 only  | ☐ Contingent   |                                 |                 |
|                | ■ Debtor 2 only  | ☐ Unliquidated   |                                 |                 |
|                | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |                                 |                 |
|                | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecure                                 | d claim:                        |                 |
|                | ☐ Check if this claim is for a community                                   | ☐ Student loans  |                                 |                 |
|                | debt Is the claim subject to offset?                                       | Obligations arising out of a separeport as priority claims   | aration agreement or divorce th | nat you did not |
|                | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar deb | ts              |
|                | Yes  | Other. Specify Medical se                                    | rvices                          |                 |
| 4.3<br>1       | E.N.T. Surgical Associates, PC   | Last 4 digits of account number                              | 252                             | \$149.00        |
|                | Nonpriority Creditor's Name 50 Moisey Dr., Ste 212 Hazleton, PA 18201-9297 | When was the debt incurred?                                  | 02/08/2017                      |                 |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.        | As of the date you file, the claim                           | is: Check all that apply        |                 |
|                | Debtor 1 only  | ☐ Contingent   |                                 |                 |
|                | Debtor 2 only  | ☐ Unliquidated   |                                 |                 |
|                | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                 |                 |
|                | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecure                                 | d claim:                        |                 |
|                | ☐ Check if this claim is for a community                                   | Student loans  |                                 |                 |
|                | debt Is the claim subject to offset?                                       | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce th | nat you did not |
|                | No   | Debts to pension or profit-sharing                           | ng plans, and other similar deb | ts              |
|                | ☐ Yes  | Other. Specify Medical se                                    | rvices                          |                 |

Schedule E/F: Creditors Who Have Unsecured Claims

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|                                      | Case number (if known)  |  |
|--------------------------------------|---|--|
| Last 4 digits of account number      | 2161  | \$60   |
| When was the debt incurred?          | 03/30/2017  |  |
| As of the date you file, the claim   | s: Check all that apply   |  |
| <u>-</u>                             |   |  |
| ☐ Contingent                         |   |  |
| _                                    |   |  |
| <u> </u>                             |   |  |
| -1                                   | d claim:  |  |
| ☐ Student loans                      |   |  |
|                                      | ration agreement or divorce that you did not  |  |
|                                      |   |  |
|                                      |   |  |
| Other. Specify Medical ser           | vices   |  |
| _                                    |   |  |
| As of the date you file, the claim i | s: Check all that apply   |  |
| ☐ Contingent                         |   |  |
| ☐ Unliquidated                       |   |  |
| `                                    |   |  |
| •                                    | d claim:  |  |
| ☐ Student loans                      |   |  |
|                                      | ration agreement or divorce that you did not  |  |
| <u> </u>                             |   |  |
| ■ Debts to pension or profit-sharing | g plans, and other similar debts  |  |
| _ zosto to ponoion or pront onam     |   |  |
| Other. Specify Medical ser           | vices   |  |
| Other. Specify Medical ser           | 7960  | \$115  |
|                                      |   | \$115  |
| Other. Specify Medical ser           |   | \$115  |
|                                      | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify  Medical ser  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services  Last 4 digits of account number 7960 When was the debt incurred? O4/17/2017  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not |

Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical services ☐ Yes

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1 | Thomas S. Stefansky |                      |
|----------|---------------------|----------------------|
| Debtor 2 | Sandra M. Stefansky | Case number (if know |

| 4.3<br>5 | Interstate Battery of Pocono<br>Mounta                            | Last 4 digits of account number                                |   | \$1,720.17  |
|----------|---|--|---|-------------|
|          | Nonpriority Creditor's Name 1679 River Rd. Jenkins Twp., PA 18640 | When was the debt incurred?                                    |   |             |
|          | Number Street City State Zlp Code                                 | As of the date you file, the claim i                           | is: Check all that apply                      |             |
|          | Who incurred the debt? Check one.                                 |  |   |             |
|          | ☐ Debtor 1 only   | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |             |
|          | ■ Debtor 1 and Debtor 2 only                                      | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured                                  | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                          | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not  |             |
|          | No  | Debts to pension or profit-sharin                              | g plans, and other similar debts              |             |
|          | ☐ Yes   | Other. Specify Trade debt                                      |   |             |
| 4.3      | Kohls/Capital One   | Last 4 digits of account number                                | 1685  | \$934.00    |
| 0        | Nonpriority Creditor's Name                                       |  |   | <del></del> |
|          | Kohls Credit<br>Po Box 3120                                       | When was the debt incurred?                                    | Opened 12/16 Last Active 1/19/18              |             |
|          | Milwaukee, WI 53201  Number Street City State Zlp Code            | As of the date you file, the claim i                           | is: Chack all that apply                      |             |
|          | Who incurred the debt? Check one.                                 | As of the date you me, the claim i                             | s. Oneck all that apply                       |             |
|          | Debtor 1 only   | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed   |   |             |
|          | $\square$ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                                  | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                          | Student loans  |   |             |
|          | debt<br>Is the claim subject to offset?                           | Obligations arising out of a sepa<br>report as priority claims | aration agreement or divorce that you did not |             |
|          | ■ No  | ☐ Debts to pension or profit-sharin                            | g plans, and other similar debts              |             |
|          | ☐ Yes   | Other. Specify Charge Acc                                      | count   |             |
| 4.3      | Kohls/Capital One   | Last 4 digits of account number                                | 8079  | \$0.00      |
| /        | Nonpriority Creditor's Name                                       |  |   | Ψ0.00       |
|          | Kohls Credit  |  | Opened 04/15 Last Active                      |             |
|          | Po Box 3120   | When was the debt incurred?                                    | 2/01/18                                       |             |
|          | Milwaukee, WI 53201  Number Street City State Zlp Code            | As of the date you file, the claim i                           | s: Check all that apply                       |             |
|          | Who incurred the debt? Check one.                                 | ,  |   |             |
|          | ☐ Debtor 1 only   | ☐ Contingent   |   |             |
|          | ■ Debtor 2 only   | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured                                  | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                          | ☐ Student loans  |   |             |
|          | debt  | ☐ Obligations arising out of a sepa                            | ration agreement or divorce that you did not  |             |
|          | Is the claim subject to offset?                                   | report as priority claims                                      | •   |             |
|          | ■ No  | Debts to pension or profit-sharing                             |   |             |
|          | ☐ Yes   | ■ Other. Specify Charge Acc                                    | count   |             |

Schedule E/F: Creditors Who Have Unsecured Claims

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5:18-bk-04709

| ebto | or 1 Thomas S. Stefansky Sandra M. Stefansky   |   | Case number (if known)                         | 5:18-bk-04709    | <u> </u>     |
|------|--|---|--|------------------|--------------|
| 3    | Lehigh Valley Health Network   | Last 4 digits of account number   | 3889   |                  | \$40.00      |
|      | Nonpriority Creditor's Name 700 East Broad St. Hazleton, PA 18201  | When was the debt incurred?   | 10/18/2017                                     |                  |              |
|      | Number Street City State Zlp Code  | As of the date you file, the claim  | is: Check all that apply                       |                  |              |
|      | Who incurred the debt? Check one.  | _   |  |                  |              |
|      | Debtor 1 only  | ☐ Contingent  |  |                  |              |
|      | ■ Debtor 2 only  | ☐ Unliquidated  |  |                  |              |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                  |              |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                       |                  |              |
|      | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                  |              |
|      | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                                      | aration agreement or divorce t                 | that you did not |              |
|      | No   | Debts to pension or profit-sharing  | ng plans, and other similar del                | ots              |              |
|      | Yes  | ■ Other. Specify Medical se   | rvices   |                  |              |
| 3    | Lehigh Valley Health Network  Nonpriority Creditor's Name 700 East Broad St. Hazleton, PA 18201  Number Street City State Zlp Code | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim | 6225<br>05/16/2018<br>is: Check all that apply | _                | \$592.00     |
|      | Who incurred the debt? Check one.  |   |  |                  |              |
|      | Debtor 1 only  | ☐ Contingent  |  |                  |              |
|      | Debtor 2 only  | ☐ Unliquidated  |  |                  |              |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                  |              |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                       |                  |              |
|      | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                  |              |
|      | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                                      | aration agreement or divorce t                 | that you did not |              |
|      | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar del                | ots              |              |
|      | Yes  | Other. Specify Medical se   | rvices   |                  |              |
| 4    | M&T Bank   | Last 4 digits of account number   | 2558   |                  | \$115,494.42 |
| _    | Nonpriority Creditor's Name  | _   |  |                  |              |
|      | Attn: Bankruptcy   | When was the debt incurred?   |  |                  |              |
|      | 1100 Wehrle Dr.<br>Williamsville, NY 14221   |   |  |                  |              |
|      | Number Street City State Zlp Code  | As of the date you file, the claim  | is: Check all that apply                       |                  |              |
|      | Who incurred the debt? Check one.  |   | 2.2. 2. 2. 2. 2. E.A.                          |                  |              |
|      | Debtor 1 only  | ☐ Contingent  |  |                  |              |
|      | Debtor 2 only  |   |  |                  |              |
|      | 55.0. = 5,   | ☐ Unliquidated  |  |                  |              |

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Disputed

☐ Student loans

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Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

 $\square$  Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

■ Other. Specify business-related debt

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

|  | Case number (if known) 5:1   | 8-bk-04709                              |
|--|--|---|
| Last 4 digits of account number                              | 2203   | \$10,089.0                              |
| When was the debt incurred?                                  | 11/10/2017   |   |
| As of the date you file, the claim                           | s: Check all that apply  |   |
| ☐ Contingent   |  |   |
|  |  |   |
|  |  |   |
| -1   | d claim:   |   |
| ☐ Student loans  |  |   |
| Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you   | u did not                               |
| ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts   |   |
| Other. Specify medical se                                    | vices  |   |
| Last 4 digits of account number  When was the debt incurred? | 5640<br>11/30/2017   | <u>\$110.</u>                           |
| _  |  |   |
| As of the date you file, the claim i                         | s: Check all that apply  |   |
|  |  |   |
| ·  |  |   |
| '  |  |   |
| •  |  |   |
| ••   | d claim:   |   |
|  |  |   |
| 0 0 1  | ration agreement or divorce that you   | u did not                               |
| ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts   |   |
|  |  |   |
| Other Specify medical se                                     | rvices   |   |
|  |  | ta 007                                  |
| Other. Specify medical set                                   | 6030   | \$2,827.                                |
|  |  | \$2,827.                                |
| Last 4 digits of account number                              | 6030<br>12/13/2017   | \$2,827.                                |
|  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify medical sel  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims | Last 4 digits of account number    2203 |

Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical services ☐ Yes

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| 2 Sandra M. Stefansky  |  | Case number (if known)         | 5:18-bk-04709    |          |
|--|--|--------------------------------|------------------|----------|
| Milton S. Hershey Medical Center                                     | Last 4 digits of account number                            | 7876                           |                  | \$1,711  |
| Nonpriority Creditor's Name P.o. Box 853 Hershey, PA 17033-9835      | When was the debt incurred?                                | 11/10/2017                     |                  |          |
| Number Street City State ZIp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply       |                  |          |
| ☐ Debtor 1 only  | ☐ Contingent   |                                |                  |          |
| ☐ Debtor 2 only  | ☐ Unliquidated   |                                |                  |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                |                  |          |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               | d claim:                       |                  |          |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |                                |                  |          |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce   | that you did not |          |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar de | ebts             |          |
| Yes  | Other. Specify Medical se                                  | rvices                         |                  |          |
| Rand McNally   | Last 4 digits of account number                            | 2705                           |                  | \$13,042 |
| Nonpriority Creditor's Name P.O. Box 7600 Chicago, IL 60680          | When was the debt incurred?                                | 11/01/2016                     |                  |          |
| Number Street City State Zlp Code                                    | As of the date you file, the claim                         | is: Check all that apply       |                  |          |
| Who incurred the debt? Check one.                                    |  |                                |                  |          |
| ☐ Debtor 1 only  | ☐ Contingent   |                                |                  |          |
| Debtor 2 only  | ☐ Unliquidated   |                                |                  |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                |                  |          |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               | d claim:                       |                  |          |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |                                |                  |          |
| debt   | Obligations arising out of a son                           | aration agreement or divorce   | that you did not |          |

| ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts  ■ Other. Specify business-related debt |   |         |
|--|---|---|---------|
| Yes  |   |   |         |
| St. Lukes University Health Network                    | Last 4 digits of account number   | 0751  | \$68.00 |
| Nonpriority Creditor's Name 801 Ostrum St.             | When was the debt incurred?   | 01/03/2018                                    |         |
| Bethlehem, PA 18015  Number Street City State Zlp Code | As of the date you file, the claim  | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                      |   |   |         |
| ☐ Debtor 1 only  | ☐ Contingent  |   |         |
| ■ Debtor 2 only  | ☐ Unliquidated  |   |         |
| ☐ Debtor 1 and Debtor 2 only                           | ☐ Disputed  |   |         |
| ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecure  | d claim:                                      |         |
| ☐ Check if this claim is for a community               | ☐ Student loans   |   |         |
| debt Is the claim subject to offset?                   | Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |         |
| ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |         |
| Yes  | Other. Specify Medical se   | rvices  |         |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1 | Thomas S. Stefansky |                        |               |
|----------|---------------------|------------------------|---------------|
| Debtor 2 | Sandra M. Stefansky | Case number (if known) | 5:18-bk-04709 |
|          |                     |                        | ·             |

| 4.4<br>7 | Steve Shannon Tire Co., Inc.  | Last 4 digits of account number                                     |   | \$4,318.71 |
|----------|---|---|---|------------|
|          | Nonpriority Creditor's Name P.O. Box 803  | When was the debt incurred?   | 04/24/2018                                    |            |
|          | Bloomsburg, PA 17815  Number Street City State Zlp Code                           | When was the debt incurred?  As of the date you file, the claim     |   |            |
|          | Who incurred the debt? Check one.   |   |   |            |
|          | Debtor 1 only   | ☐ Contingent  |   |            |
|          | ☐ Debtor 2 only   | Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims        | aration agreement or divorce that you did not |            |
|          | No  | Debts to pension or profit-sharing                                  | ng plans, and other similar debts             |            |
|          | Yes   | Other. Specify Judgment   |   |            |
| 4.4<br>8 | Syncb Bank/American Eagle   | Last 4 digits of account number                                     | 0652  | \$700.00   |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896      | When was the debt incurred?   | Opened 06/16 Last Active 1/15/18              |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.              | As of the date you file, the claim is: Check all that apply         |   |            |
|          | Debtor 1 only   | ☐ Contingent  |   |            |
|          | ■ Debtor 2 only   | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  |   |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims          |   |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts |   |            |
|          | Yes   | Other. Specify Charge Ac  | count   |            |
| 4.4      | Synchrony Bank/ JC Penneys  | Last 4 digits of account number                                     | 3802  | \$663.00   |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred?   | Opened 04/15 Last Active 2/20/18              |            |
|          | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply         |   |            |
|          | Who incurred the debt? Check one.   |   |   |            |
|          | ☐ Debtor 1 only   | ☐ Contingent  |   |            |
|          | ■ Debtor 2 only   | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:                                |   |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |
|          | debt  | Obligations arising out of a sepa                                   |   |            |
|          | Is the claim subject to offset?   | report as priority claims   |   |            |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |   |            |
|          | Yes   | Other. Specify Charge Account                                       |   |            |

Schedule E/F: Creditors Who Have Unsecured Claims

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|  | or 1 Thomas S. Stefansky Sandra M. Stefansky                                      |  | Case number (if known) 5:18-bk-04709         |                  |
|--|---|--|--|------------------|
| 4.5<br>0                                     | Synchrony Bank/Amazon   | Last 4 digits of account number                              | 6205   | \$3,941.00       |
|  | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred?                                  | Opened 11/16 Last Active 8/24/18             |                  |
|  | Number Street City State Zlp Code Who incurred the debt? Check one.               | As of the date you file, the claim                           | is: Check all that apply                     |                  |
|  | Debtor 1 only   | ☐ Contingent   |  |                  |
|  | Debtor 2 only   | ☐ Unliquidated   |  |                  |
|  | Debtor 1 and Debtor 2 only  | □ Disputed   |  |                  |
|  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                     |                  |
|  | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                  |
|  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |                  |
|  | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |                  |
|  | Yes   | ■ Other. Specify Charge Account                              |  |                  |
| 4.5  | Synchrony Bank/Care Credit  | Last 4 digits of account number                              | 4695   | \$0.00           |
| <u>.                                    </u> | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965061 Orlando, FL 32896 | When was the debt incurred?                                  | Opened 2/10/12 Last Active 10/22/13          |                  |
|  | Number Street City State Zlp Code   | As of the date you file, the claim                           |  |                  |
|  | Who incurred the debt? Check one.   |  |  |                  |
|  | Debtor 1 only   | ☐ Contingent   |  |                  |
|  | ■ Debtor 2 only   | ☐ Unliquidated   |  |                  |
|  | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                  |
|  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |                  |
|  | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                  |
|  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |                  |
|  | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |                  |
|  | ☐ Yes   | Other. Specify Charge Acc                                    | count  |                  |
| 4.5  | Synchrony Bank/Lowes  | Last 4 digits of account number                              | 7000   | \$5,777.00       |
|  | Nonpriority Creditor's Name Attn: Bankruptcy Dept                                 | _  | Opened 05/15 Last Active                     | <b>V</b> 0,11120 |
|  | Po Box 965060<br>Orlando, FL 32896  | When was the debt incurred?                                  | 4/20/18                                      |                  |
|  | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply  |  |                  |
|  | Who incurred the debt? Check one.   |  |  |                  |
|  | ■ Debtor 1 only   | ☐ Contingent   |  |                  |
|  | ☐ Debtor 2 only   | ☐ Unliquidated   |  |                  |
|  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                  |
|  | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                     |                  |

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Student loans

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☐ Check if this claim is for a community

Is the claim subject to offset?

■ Other. Specify Charge Account

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

| Sandra M. Stefansky   |  | Case number (if known) 5:18-bk-04709          |        |
|---|--|---|--------|
| Synchrony Bank/Lowes  | Last 4 digits of account number                              | 9982  | \$61   |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060                         | When was the debt incurred?                                  | Opened 04/15 Last Active 2/20/18              |        |
| Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |        |
| ☐ Debtor 1 only   | ☐ Contingent   |   |        |
| ■ Debtor 2 only   | ☐ Unliquidated   |   |        |
| □ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |        |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |        |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |        |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
| No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |        |
| Yes   | ■ Other. Specify Charge Acc                                  | count   |        |
| Synchrony Bank/Walmart Nonpriority Creditor's Name                                      | Last 4 digits of account number                              | 5160  | \$1,80 |
| Attn: Bankruptcy Dept<br>Po Box 965060<br>Orlando, FL 32896                             | When was the debt incurred?                                  | Opened 02/14 Last Active 2/20/18              |        |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                    | As of the date you file, the claim                           | is: Check all that apply                      |        |
| Debtor 1 only   | ☐ Contingent   |   |        |
| ■ Debtor 2 only   | ☐ Unliquidated   |   |        |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |        |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |        |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |        |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |        |
| No  | ☐ Debts to pension or profit-sharin                          | ng plans, and other similar debts             |        |
| Yes   | Other. Specify Charge Acc                                    |   |        |
| Synchrony/Ashley Furniture  | Last 4 digits of account number                              | 9064  | \$2,10 |
| Homestore   |  |   |        |
| Homestore Nonpriority Creditor's Name Attn: Bankruptcy                                  | When was the debt incurred?                                  | Opened 09/14 Last Active 1/14/18              |        |
| Homestore<br>Nonpriority Creditor's Name  | When was the debt incurred?                                  | Opened 09/14 Last Active 1/14/18              |        |

Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\hfill \square$  At least one of the debtors and another ☐ Student loans  $\hfill\square$  Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account

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|          | or 2 Sandra M. Stefansky   |  | Case number (if known) 5:18-bk-04709          |             |
|----------|--|--|---|-------------|
| 4.5      | Synchrony/Ashley Furniture<br>Homestore                                      | Last 4 digits of account number                            | 3700  | \$0.00      |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965064 Orlando, FL 32896 | When was the debt incurred?                                | Opened 2/14/12 Last Active 8/24/12            |             |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.         | As of the date you file, the claim                         | is: Check all that apply                      |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecure                               | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                                     | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|          | ■ No   | ☐ Debts to pension or profit-sharir                        | ng plans, and other similar debts             |             |
|          | Yes  | Other. Specify Charge Ac                                   | count   |             |
| 4.5      | Tamaqua Auto Parts, Inc.   | Last 4 digits of account number                            | 2015  | \$11,608.00 |
| ′        | Nonpriority Creditor's Name 1101 E. Broad St.                                | When was the debt incurred?                                | 09/15/2017                                    | , ,         |
|          | Tamaqua, PA 18252  Number Street City State Zlp Code                         | As of the date you file, the claim                         | is: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  | , io e auto yeue,e e.u                                     | or chook an that apply                        |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                               | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                                     | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|          | ■ No   | ☐ Debts to pension or profit-sharing                       | ng plans, and other similar debts             |             |
|          | Yes  | Other. Specify auto parts                                  |   |             |
| 4.5<br>3 | Timepayment Corp, LLC.  Nonpriority Creditor's Name                          | Last 4 digits of account number                            | 3278  | \$11,659.00 |
|          | 16 New England Exec Office Prk S<br>Burlington, MA 01803                     | When was the debt incurred?                                | Opened 11/16 Last Active 7/07/17              |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.          | As of the date you file, the claim                         | is: Check all that apply                      |             |
|          | ☐ Debtor 1 only  | ☐ Contingent   |   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                               | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                                     | ☐ Student loans  |   |             |
|          | debt<br>Is the claim subject to offset?                                      | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|          | <b>■</b>   | Dobts to possion or profit sharin                          | a plane, and other similar debte              |             |

☐ Yes

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■ Other. Specify Lease deficiency

| 4.5<br>9       | Wf/floorin  | Last 4 digits of account number   | 5963   | \$0.00                 |
|----------------|---|---|--|------------------------|
|                | Nonpriority Creditor's Name Mac F8235-02f Po Box 10438  | When was the debt incurred?   | Opened 8/22/12 Last Active 6/14/13   |                        |
|                | Des Moines, IA 50306  Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply   |                        |
|                | Who incurred the debt? Check one.   | _   |  |                        |
|                | Debtor 1 only   | ☐ Contingent  |  |                        |
|                | Debtor 2 only   | Unliquidated  |  |                        |
|                | Debtor 1 and Debtor 2 only  | Disputed  |  |                        |
|                | At least one of the debtors and another   | Type of NONPRIORITY unsecure  | ed claim:  |                        |
|                | ☐ Check if this claim is for a community debt   | Student loans   |  |                        |
|                | Is the claim subject to offset?   | report as priority claims   | paration agreement or divorce that you did not                                   |                        |
|                | ■ No  | Debts to pension or profit-shar   | ing plans, and other similar debts   |                        |
|                | Yes   | ■ Other. Specify Charge Ac  | count  |                        |
| 4.6            | Wilkes-Barre General Hospital  Nonpriority Creditor's Name  | Last 4 digits of account number   | 6580   | \$20.00                |
|                | 575 North River St.<br>Wilkes Barre, PA 18764   | When was the debt incurred?   | 09/25/2017   |                        |
|                | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply   |                        |
|                | Who incurred the debt? Check one.   |   |  |                        |
|                | Debtor 1 only   | ☐ Contingent  |  |                        |
|                | Debtor 2 only   | ☐ Unliquidated  |  |                        |
|                | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |                        |
|                | lacksquare At least one of the debtors and another  | Type of NONPRIORITY unsecure  | ed claim:  |                        |
|                | $\square$ Check if this claim is for a community  | ☐ Student loans   |  |                        |
|                | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepreport as priority claims                             | paration agreement or divorce that you did not                                   |                        |
|                | ■ No  | Debts to pension or profit-shar   | ing plans, and other similar debts   |                        |
|                | Yes   | Other. Specify Personal I   | oan  |                        |
| Part 3         | List Others to Be Notified About a Dek  | ot That You Already Listed  |  |                        |
| is try<br>have | this page only if you have others to be notified a<br>ring to collect from you for a debt you owe to so<br>more than one creditor for any of the debts that<br>ied for any debts in Parts 1 or 2, do not fill out o | meone else, list the original creditor it<br>t you listed in Parts 1 or 2, list the add | in Parts 1 or 2, then list the collection agency h                               | ere. Similarly, if you |
|                |   | On which entry in Part 1 or Part 2 did yo   | _  |                        |
|                | d Interstate, LLC<br>ox 4000  |   | Part 1: Creditors with Priority Unsecured Claims                                 |                        |
| _              | enton, VA 20188   | Last 4 digits of account number   | Part 2: Creditors with Nonpriority Unsecured Cl.                                 | aims                   |
| Name :         | and Address   | On which entry in Part 1 or Part 2 did yo   | u list the original creditor?  |                        |
|                |   |   | ☐ Part 1: Creditors with Priority Unsecured Claims                               | 3                      |
|                | Box 4000  | 1   | Part 2: Creditors with Nonpriority Unsecured Cl                                  | aims                   |
| warr           | enton, VA 20188   | Last 4 digits of account number   |  |                        |
|                |   | On which entry in Part 1 or Part 2 did yo   | u list the original creditor?  |                        |
|                |   |   | Part 1: Creditors with Priority Unsecured Claims                                 |                        |
|                | Summit Lake Drive, Ste. 400<br>alla, NY 10595   |   | Part 2: Creditors with Nonpriority Unsecured Cl                                  | aims                   |
|                |   | Last 4 digits of account number   | 4110   |                        |
|                |   | On which entry in Part 1 or Part 2 did yo Line <b>4.60</b> of ( <i>Check one</i> ):     | u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims | 8                      |
|                |   | ·   |  |                        |

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| Debtor 1 Thomas S. Stefansky Debtor 2 Sandra M. Stefansky  |  | Case number (if known)   | 5:18-bk-04709            |
|--|--|--|--------------------------|
| Wilkes-Barre General Hospital P.O. Box 1280  |  | ■ Part 2: Creditors with Nonp  | riority Unsecured Claims |
| Oaks, PA 19456   | Last 4 digits of account number  | 6580   |                          |
| Name and Address  Department of Labot & Industry 100 Lackawanna Ave. Scranton, PA 18503                                | On which entry in Part 1 or Part 2 did y Line 4.26 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori Part 2: Creditors with Nonp       |                          |
| Name and Address Firstsource Advantage, LLC 206 Bryant Woods South Amhert, NY 14228                                    | On which entry in Part 1 or Part 2 did y Line 4.11 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori Part 2: Creditors with Nonp  5632 |                          |
| Name and Address<br>LVNV Funding<br>Po Box 10497<br>Greenville, SC 29603   | On which entry in Part 1 or Part 2 did y Line 4.10 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori Part 2: Creditors with Nonp  9679 |                          |
| Name and Address<br>LVNV Funding<br>Po Box 10497<br>Greenville, SC 29603   | On which entry in Part 1 or Part 2 did y Line 4.11 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori Part 2: Creditors with Nonp  0647 |                          |
| Name and Address McElroy, Deutsch, Mulvaney & Carpen 1617 John F. Kennedy Blvd. Suite 1500 Philadelphia, PA 19103-1815 | On which entry in Part 1 or Part 2 did y Line 4.15 of ( <i>Check one</i> ):  Last 4 digits of account number | rou list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp      |                          |
| Name and Address Midland Credit Management, Inc. 2365 Northside Dr., Suite 300 San Diego, CA 92108                     | On which entry in Part 1 or Part 2 did y Line 4.12 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp      |                          |
| Name and Address National Recovery Agency 2491 Paston Street Harrisburg, PA 17111                                      | On which entry in Part 1 or Part 2 did y Line 4.41 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp      |                          |
| Name and Address National Recovery Agency 2491 Paston Street Harrisburg, PA 17111                                      | On which entry in Part 1 or Part 2 did y Line 4.42 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp      |                          |
| Name and Address National Recovery Agency 2491 Paston Street Harrisburg, PA 17111                                      | On which entry in Part 1 or Part 2 did y Line 4.43 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp      |                          |
| Name and Address National Recovery Agency 2491 Paston Street Harrisburg, PA 17111                                      | On which entry in Part 1 or Part 2 did y Line 4.44 of (Check one):  Last 4 digits of account number          | rou list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp      |                          |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | ou list the original creditor?   |                          |

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Best Case Bankruptcy

| Debtor 1 Thomas S. Stefansky Debtor 2 Sandra M. Stefansky |   | Case number (if known)              | 5:18-bk-04709             |  |
|---|---|-------------------------------------|---------------------------|--|
| NCB Management Services, Inc.                             | Line <b>4.13</b> of ( <i>Check one</i> ): | ☐ Part 1: Creditors with Prior      | ity Unsecured Claims      |  |
| P.O. Box 1099<br>Langhorne, PA 19047                      |   | Part 2: Creditors with Non          | oriority Unsecured Claims |  |
| Languerio, i A 10041                                      | Last 4 digits of account number           | 7498                                |                           |  |
| Name and Address  | On which entry in Part 1 or Part 2 or     | lid you list the original creditor? |                           |  |
| PennCredit  | Line <b>4.26</b> of ( <i>Check one</i> ): | ☐ Part 1: Creditors with Prior      | ity Unsecured Claims      |  |
| 916 S. 14th St.<br>P.O. Box 988<br>Harrisburg, PA 17108   |   | Part 2: Creditors with Non          | oriority Unsecured Claims |  |
|   | Last 4 digits of account number           |                                     |                           |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim      |
|-----------------------|-----|---|-----|------------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total                 |     |   |     |                  |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$<br>0.00       |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$<br>0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$<br>0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|                       |     |   |     | Total Claim      |
| Total                 | 6f. | Student loans   | 6f. | \$<br>0.00       |
| claims<br>from Part 2 | 6a. | Obligations arising out of a separation agreement or divorce that                 |     |                  |
| IIOIII Fait 2         | og. | you did not report as priority claims   | 6g. | \$<br>0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>319,501.00 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$<br>319,501.00 |

| Fill in this infor  | mation to identify your  | case:              |              |                                      |
|---------------------|--------------------------|--------------------|--------------|--------------------------------------|
| Debtor 1            | Thomas S. Stefar         | nsky               |              |                                      |
|                     | First Name               | Middle Name        | Last Name    |                                      |
| Debtor 2            | Sandra M. Stefan         | sky                |              |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name    |                                      |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | PENNSYLVANIA |                                      |
| Case number         | 5:18-bk-04709            |                    |              |                                      |
| (if known)          |                          |                    |              | ☐ Check if this is an amended filing |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р   | erson or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for  |
|-----|---|--|
| 2.1 | Brian & Shirley Tirpak<br>10 Hemlock Drive<br>Nesquehoning, PA 18240  | lease of commercial building located at 265 Clairemont Ave., Tamaqua, PA 18252; \$2000.00 per month. |
| 2.2 | Snap On Credit<br>Attn: Bankruptcy<br>950 Technology Way Suite 301<br>Libertyville, IL 60048                | subscription contract for professional automotive diagnostic tool. \$16.66 per month.                |
| 2.3 | Timepayment Corp, LLC. 16 New England Exec Office Prk S Burlington, MA 01803                                | lease of Fifth-Wheel Wrecker; \$450.00 per month.  |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

| Fill in th               | is information to identify your case:   |  |   |  |
|--------------------------|---|--|---|--|
| Debtor 1                 |   |  |   |  |
|                          | First Name Mic  | ddle Name  | Last Name   |  |
| Debtor 2<br>(Spouse if,  |   | ddle Name  | Last Name   |  |
|                          |   | E DISTRICT OF PENNSY                                   | /LVANIA   |  |
|                          |   |  |   |  |
| Case nu<br>(if known)    | mber <u>5:18-bk-04709</u>   |  |   | ☐ Check if this is an amended filing         |
|                          | al Form 106H<br>dule H: Your Codebtor   | 'S   |   | 12/15  |
| people a<br>fill it out, | rs are people or entities who are also lia<br>re filing together, both are equally respo<br>and number the entries in the boxes or<br>ne and case number (if known). Answer | onsible for supplying co<br>n the left. Attach the Add | rrect information. If more space is n                           | eeded, copy the Additional Page,             |
| 1. D                     | o you have any codebtors? (If you are fil   | ing a joint case, do not lis                           | t either spouse as a codebtor.                                  |  |
| □ N<br>■ Y               |   |  |   |  |
|                          | ithin the last 8 years, have you lived in a ona, California, Idaho, Louisiana, Nevada,  |  |   | states and territories include               |
|                          | o. Go to line 3.<br>es. Did your spouse, former spouse, or leg  | gal equivalent live with yoυ                           | u at the time?  |  |
| in li:<br>Fori           | olumn 1, list all of your codebtors. Do n<br>ne 2 again as a codebtor only if that per<br>n 106D), Schedule E/F (Official Form 10<br>Column 2.                              | son is a guarantor or co                               | osigner. Make sure you have listed th                           | ne creditor on Schedule D (Official          |
|                          | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZIP Code   |  | Column 2: <b>The cre</b><br>Check all schedule                  | editor to whom you owe the debt sthat apply: |
| 3.1                      | Eagle Transport Group, Inc.<br>709 Wallace Way.<br>Weatherly, PA 18255-3361   |  | ☐ Schedule D, li ■ Schedule E/F, ☐ Schedule G _ Capital One     | line 4.11                                    |
| 3.2                      | Eagle Transport Group, Inc.<br>709 Wallace Way.<br>Weatherly, PA 18255-3361   |  | ☐ Schedule D, li ■ Schedule E/F, ☐ Schedule G _ Department of L |  |
| 3.3                      | Eagle Transport Group, Inc.<br>709 Wallace Way.<br>Weatherly, PA 18255-3361   |  | ☐ Schedule D, li ■ Schedule E/F, ☐ Schedule G _ Capital One     | line 4.10                                    |

Schedule H: Your Codebtors

|      | Additional Page to List More Codebtors                                      |   |
|------|---|---|
|      | Column 1: Your codebtor   | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.4  | Eagle Transport Group, Inc.   | ☐ Schedule D, line  |
|      | 709 Wallace Way.  | ■ Schedule E/F, line4.40  |
|      | Weatherly, PA 18255-3361  | ☐ Schedule G  |
|      |   | M&T Bank  |
|      |   |   |
| 3.5  | Eagle Transport Group, Inc.<br>709 Wallace Way.                             | ☐ Schedule D, line  |
|      | Weatherly, PA 18255-3361  | Schedule E/F, line 4.3  |
|      | Woulderly, 1 / 10200 0001   | ☐ Schedule G<br>Bank Of America   |
|      |   |   |
| 3.6  | Eagle Transport Group, Inc.   | ☐ Schedule D, line  |
|      | 709 Wallace Way.  | ■ Schedule E/F, line 4.58   |
|      | Weatherly, PA 18255-3361  | ☐ Schedule G  |
|      |   | Timepayment Corp, LLC.  |
|      |   |   |
| 3.7  | Eagle Transport Group, Inc.<br>709 Wallace Way.<br>Weatherly, PA 18255-3361 | ☐ Schedule D, line  |
|      |   | Schedule E/F, line 4.15   |
|      | 110a.iii.51.jy, 1.71.10 <u>2</u> 00 0001                                    | ☐ Schedule G  |
|      |   | Cintas Corporation  |
| 3.8  | Eagle Transport Group, Inc.   | ☐ Schedule D, line  |
| 0.0  | 709 Wallace Way.  | ■ Schedule E/F, line4.47  |
|      | Weatherly, PA 18255-3361  | ☐ Schedule G  |
|      |   | Steve Shannon Tire Co., Inc.  |
|      |   |   |
| 3.9  | Eagle Transport Group, Inc.   | ■ Schedule D, line2.2   |
|      | 709 Wallace Way<br>Weatherly, PA 18255-3361                                 | ☐ Schedule E/F, line  |
|      | Weatherly, FA 10255-5501  | ☐ Schedule G  |
|      |   | Internal Revenue Service  |
| 3.10 | Eagle Transport Group, Inc.   | □ Sahadula D. Jina  |
| 5.10 | 709 Wallace Way   | ☐ Schedule D, line  |
|      | Weatherly, PA 18255-3361  | ■ Schedule E/F, line <u>4.57</u> □ Schedule G                                   |
|      |   | Tamaqua Auto Parts, Inc.  |
|      |   |   |

Schedule H: Your Codebtors

| E-111       |   |                   |   |                          |              |                |            |                         |                                  |          |
|-------------|---|-------------------|---|--------------------------|--------------|----------------|------------|-------------------------|----------------------------------|----------|
|             | in this information to btor 1                 | o identify your c |   |                          |              |                |            |                         |                                  |          |
|             | btor 2<br>buse, if filing)                    | Sandra M. S       | tefansky  |                          |              |                |            |                         |                                  |          |
| Uni         | ited States Bankrup                           | tcy Court for the | : MIDDLE DISTRICT C   | F PENNSYLVANIA           |              |                |            |                         |                                  |          |
| (If ki      | nown)   | 8-bk-04709        |   |                          |              | ☐ An           |            | ed filing<br>ent showin | ng postpetitior<br>ollowing date |          |
|             | fficial Form                                  |                   |   |                          |              | MM             | 1 / DD/ Y  | YYY                     |                                  |          |
| S           | chedule I: `                                  | Your Inc          | ome   |                          |              |                |            |                         |                                  | 12/15    |
| spo<br>atta | use. If you are sep<br>ch a separate shee     | arated and you    | are married and not fili<br>Ir spouse is not filing w<br>On the top of any additi | ith you, do not include  | informati    | on about y     | our spo    | ouse. If mo             | ore space is                     | needed,  |
| 1.          | Fill in your emploinformation.                | oyment            |   | Debtor 1                 |              |                | Debtor 2   | or non-fi               | iling spouse                     |          |
|             | If you have more                              |                   | Employment status   | ■ Employed               |              |                | ■ Employed |                         |                                  |          |
|             | attach a separate information about           |                   | gc with . ,   | ☐ Not employed           |              | [              | ☐ Not e    | mployed                 |                                  |          |
|             | employers.                                    |                   | Occupation  | Truck Driver             |              |                | Notary     |                         |                                  |          |
|             | Include part-time,<br>self-employed wo        |                   | Employer's name   | Self-Employed            |              |                | Self-em    | ployed                  |                                  |          |
|             | Occupation may in or homemaker, if            |                   | Employer's address  |                          |              |                |            |                         |                                  |          |
|             |   |                   | How long employed t   | here? 6 months           | <b>3</b>     |                | _6         | months                  | <b>;</b>                         |          |
|             |   | tails About Mor   | •   |                          |              |                |            |                         |                                  |          |
|             | imate monthly inco<br>use unless you are s    |                   | ate you file this form. If  | you have nothing to rep  | ort for any  | line, write \$ | 60 in the  | space. Inc              | clude your no                    | n-filing |
|             | ou or your non-filing<br>e space, attach a se |                   | ore than one employer, co<br>this form.   | ombine the information f | or all emplo | oyers for th   | at perso   | n on the li             | ines below. If                   | you need |
|             |   |                   |   |                          |              | For Debto      | or 1       |                         | btor 2 or ing spouse             |          |
| 2.          |   |                   | ry, and commissions (b calculate what the monthl                                  |                          | 2. \$        |                | 0.00       | \$                      | 0.00                             | _        |
| 3.          | Estimate and list                             | monthly overt     | ime pay.  |                          | 3. +\$       |                | 0.00       | +\$                     | 0.00                             | _        |
| 1           | Calculate gross                               | Income Add liv    | ne 2 ± line 3   |                          | 4 \$         | <u> </u>       | 00         | \$                      | 0.00                             |          |

Official Form 106I Schedule I: Your Income page 1

Case number (if known)

5:18-bk-04709

|     |                 |  |            | For            | Debtor 1       |          | Debtor 2 or<br>-filing spouse |
|-----|-----------------|--|------------|----------------|----------------|----------|-------------------------------|
|     | Copy            | r line 4 here  | 4.         | \$             | 0.00           | \$       | 0.00                          |
|     |                 |  |            | · –            |                | · —      |                               |
| 5.  | List a          | all payroll deductions:  |            |                |                |          |                               |
|     | 5a.             | Tax, Medicare, and Social Security deductions  | 5a.        | \$             | 0.00           | \$       | 0.00                          |
|     | 5b.             | Mandatory contributions for retirement plans   | 5b.        | \$             | 0.00           | \$       | 0.00                          |
|     | 5c.             | Voluntary contributions for retirement plans   | 5c.        | \$             | 0.00           | \$       | 0.00                          |
|     | 5d.             | Required repayments of retirement fund loans   | 5d.        | \$             | 0.00           | \$       | 0.00                          |
|     | 5e.             | Insurance  | 5e.        | \$             | 0.00           | \$       | 0.00                          |
|     | 5f.             | Domestic support obligations   | 5f.        | \$             | 0.00           | \$       | 0.00                          |
|     | 5g.             | Union dues   | 5g.        | \$             | 0.00           | \$       | 0.00                          |
|     | 5h.             | Other deductions. Specify:   | _ 5h.+     | - \$           | 0.00           | - \$     | 0.00                          |
| 6.  | Add t           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$             | 0.00           | \$       | 0.00                          |
| 7.  | Calcu           | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$             | 0.00           | \$       | 0.00                          |
| 8.  | List a<br>8a.   | All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            | 0-         | ¢              |                | <b>r</b> |                               |
|     | O.L.            | monthly net income.  | 8a.        | φ <sub>—</sub> | 0.00           | \$       | 0.00                          |
|     | 8b.             | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent   | 8b.        | \$             | 0.00           | \$       | 0.00                          |
|     | 8c.<br>8d.      | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation   | 8c.<br>8d. | \$_<br>\$_     | 0.00           | \$<br>\$ | 0.00                          |
|     | 8e.             | Social Security  | 8e.        | \$_            | 0.00           | \$       | 0.00                          |
|     | 8f.             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f.        | \$             | 0.00           | \$       | 0.00                          |
|     | 8g.             | Pension or retirement income   | _<br>8g.   | \$             | 0.00           | \$       | 0.00                          |
|     | 8h.             | Other monthly income. Specify: Draw from LLC   | 8h.+       | - \$           | 4,594.78       | - \$     | 0.00                          |
|     |                 | Contribution from LLC  | _          | \$             | 642.97         | \$       | 0.00                          |
|     |                 | Future income from additional truck runs   | _          | \$             | 1,500.00       | \$       | 0.00                          |
| 9.  | Add a           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$             | 6,737.75       | \$       | 0.00                          |
| 10. |                 | ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$     |                | 6,737.75 + \$_ |          | 0.00 = \$ 6,737.75            |
| 11. | Includ<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a lify:   | depen      | •              | •              | •        | Schedule J. 11. +\$0.00       |
| 12. |                 | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines   |            |                |                |          | 12. \$ 6,737.75               |
| 13. | Do yo           | ou expect an increase or decrease within the year after you file this form?  | ?          |                |                |          | Combined monthly income       |
|     |                 | No.  |            |                |                |          |                               |
|     |                 | Yes. Explain:  |            |                |                |          |                               |

| Fill   | in this inforn                      | nation to identify yo                                      | ur case:                |   |  |            |       |                 |   |
|--|-------------------------------------|--|-------------------------|---|--|------------|-------|-----------------|---|
| Deb  | tor 1                               | Thomas S. S  | tefansky                |   |  | _          |       | f this is:      |   |
| Debtor 2 (Spouse, if filing) Sandra M. Stefansky |                                     |  |                         |   |  |            | Α:    |                 | ving postpetition chapter the following date: |
| Unit   | ed States Bar                       | nkruptcy Court for the:                                    | MIDDLI                  | DISTRICT OF PENNSY  | LVANIA                                   |            | M     | M / DD / YYYY   |   |
| 1  | e number                            | 5:18-bk-04709  |                         |   |  |            |       |                 |   |
| Of   | fficial F                           | orm 106J   |                         |   |  |            |       |                 |   |
|  |                                     | e J: Your I  | <br>Evner               | 1606  |  |            |       |                 | 12/1  |
| Be<br>info<br>nur                                | as completormation. If mber (if kno | e and accurate as  | possible.<br>eded, atta | If two married people a<br>ch another sheet to this                       |  |            |       |                 | r supplying correct                           |
| Par  |                                     | cribe Your House   | hold                    |   |  |            |       |                 |   |
| 1.   | Is this a jo                        |  |                         |   |  |            |       |                 |   |
|  | □ No. Go                            |  |                         | - ( - l l. 10   |  |            |       |                 |   |
|  | _                                   | oes Debtor 2 live i  | n a separa              | ate nousehold?  |  |            |       |                 |   |
|  |                                     | No<br>Yes. Debtor 2 mus                                    | st file Offici          | al Form 106J-2, <i>Expenses</i>   | s for Separate House                     | hold of De | ebtor | 2.              |   |
| 2.   | Do you ha                           | ve dependents?   | □ No                    |   |  |            |       |                 |   |
|  | •                                   | Debtor 1 and   | Yes.                    | Fill out this information for each dependent                              | Dependent's relati<br>Debtor 1 or Debtor |            |       | Dependent's age | Does dependent live with you?                 |
|  | Do not sta<br>dependent             |  |                         |   | Daughter                                 |            |       | 12              | □ No<br>■ Yes                                 |
|  |                                     |  |                         |   | Daughter                                 |            |       | 13              | □ No<br>■ Yes                                 |
|  |                                     |  |                         |   | Daughter                                 |            |       | 17              | □ No<br>■ Yes                                 |
|  |                                     |  |                         |   |  |            |       |                 | □ No<br>□ Yes                                 |
| 3.   | expenses                            | xpenses include<br>of people other th<br>and your depender | han $_{f 	au}$          | No<br>Yes   |  |            |       |                 | □ Tes   |
| exp  | imate your                          | f a date after the b                                       | our bankrı              | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |            |       |                 |   |
| the  |                                     | ch assistance and  |                         | government assistance is luded it on <i>Schedule I:</i> Y                 |  |            |       | Your expo       | enses   |
| 4.   |                                     | •  | hip expen               | ses for your residence.   | nclude first mortgage                    | • .        | •     |                 | 4 022 00                                      |
|  | payments                            | and any rent for the                                       | e ground o              | r lot.  |  | 4.         | \$_   |                 | 1,032.00                                      |
|  | If not incl                         | uded in line 4:  |                         |   |  |            |       |                 |   |
|  |                                     | l estate taxes   |                         |   |  | 4a.        |       |                 | 184.00  |
|  |                                     | perty, homeowner's   |                         |   |  | 4b.        |       |                 | 65.70   |
|  |                                     | ne maintenance, re<br>neowner's associati                  |                         |   |  | 4c.<br>4d. |       |                 | 20.00<br>0.00                                 |
| 5.   |                                     |  |                         | our residence, such as ho   | me equity loans                          |            | \$    |                 | 0.00  |

Official Form 106J Schedule J: Your Expenses page 1

| Deb | tor 1<br>tor 2 |                              |   | ber (if known) | 5:18-bk-04709 |                               |
|-----|----------------|------------------------------|---|----------------|---------------|-------------------------------|
| 6.  | Utilit         | ies:                         |   |                |               |                               |
| ٥.  | 6a.            |                              | heat, natural gas   | 6a.            | \$            | 450.00                        |
|     | 6b.            | Water, sev                   | ver, garbage collection   | 6b.            | \$            | 8.33                          |
|     | 6c.            |                              | e, cell phone, Internet, satellite, and cable services  | 6c.            | \$            | 305.00                        |
|     | 6d.            | Other. Spe                   | ecify:  | 6d.            | \$            | 0.00                          |
| 7.  | Food           | and house                    | ekeeping supplies   | 7.             | \$            | 937.39                        |
| 8.  | Child          | dcare and c                  | hildren's education costs   | 8.             | \$            | 0.00                          |
| 9.  | Cloth          | hing, laund                  | ry, and dry cleaning  | 9.             | \$            | 90.00                         |
| 10. | Pers           | onal care p                  | roducts and services  | 10.            | \$            | 40.00                         |
| 11. | Medi           | ical and der                 | ntal expenses   | 11.            | \$            | 54.00                         |
| 12. | Tran           | sportation.                  | Include gas, maintenance, bus or train fare.  |                | _             | 050.00                        |
|     |                |                              | ar payments.  | 12.            |               | 250.00                        |
|     |                |                              | clubs, recreation, newspapers, magazines, and books   | 13.            | \$            | 0.00                          |
|     |                |                              | ributions and religious donations   | 14.            | \$            | 0.00                          |
| 15. |                | rance.                       | average deducted from visus and ordered in the set 4 on 20  |                |               |                               |
|     |                | ot include in<br>Life insura | surance deducted from your pay or included in lines 4 or 20.  | 15a.           | ¢             | 184.00                        |
|     |                | Health ins                   |   | 15a.<br>15b.   | · -           | 253.00                        |
|     |                | Vehicle ins                  |   | 15b.           | \$            | 407.00                        |
|     |                |                              | rance. Specify:   | 15d.           | ·             | 0.00                          |
| 16  |                |                              | clude taxes deducted from your pay or included in lines 4 or 20.  | 13u.           | Ψ             | 0.00                          |
|     | Spec           | ify: Self-e                  | employment tax  | 16.            | \$            | 1,030.88                      |
| 17. |                |                              | ease payments:<br>ents for Vehicle 1  | 17a.           | \$            | 547.00                        |
|     |                |                              | ents for Vehicle 2  | 17a.<br>17b.   | \$            | 523.00                        |
|     |                | Other. Spe                   |   | 17c.           | \$            | 0.00                          |
|     |                | Other. Spe                   | •   | 17d.           |               | 0.00                          |
| 18. | Your           | payments                     | of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I).   | s              | ·             | 0.00                          |
| 19  |                |                              | s you make to support others who do not live with you.  |                | \$            | 0.00                          |
| 15. | Spec           |                              | s you make to support others who do not live with you.  | 19.            | Ψ             | 0.00                          |
| 20. |                | ·                            | erty expenses not included in lines 4 or 5 of this form or on Sch   |                | our Income.   |                               |
|     |                |                              | s on other property   | 20a.           |               | 0.00                          |
|     |                | Real estat                   |   | 20b.           | \$            | 0.00                          |
|     | 20c.           | Property, h                  | nomeowner's, or renter's insurance  | 20c.           | \$            | 0.00                          |
|     | 20d.           | Maintenan                    | ce, repair, and upkeep expenses   | 20d.           | \$            | 0.00                          |
|     |                |                              | er's association or condominium dues  | 20e.           | \$            | 0.00                          |
| 21. | Othe           | r: Specify:                  | Auto maintenance and repair   | 21.            | +\$           | 10.00                         |
|     |                | erinarian                    |   |                | +\$           | 5.00                          |
| 22. | Calc           | ulate your r                 | monthly expenses  |                |               |                               |
|     | 22a.           | Add lines 4                  | through 21.   |                | \$            | 6,396.30                      |
|     | 22b.           | Copy line 22                 | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |                | \$            |                               |
|     | 22c.           | Add line 22a                 | a and 22b. The result is your monthly expenses.   |                | \$            | 6,396.30                      |
| 23. | Calc           | ulate your r                 | monthly net income.   |                |               |                               |
|     |                | -                            | 12 (your combined monthly income) from Schedule I.  | 23a.           | \$            | 6,737.75                      |
|     |                |                              | monthly expenses from line 22c above.   | 23b.           | -\$           | 6,396.30                      |
|     |                |                              |   |                |               | -3,                           |
|     | 23c.           |                              | our monthly expenses from your monthly income.<br>is your <i>monthly net income</i> .   | 23c.           | \$            | 341.45                        |
| 24. | For ex         | xample, do yo                | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? |                |               | ease or decrease because of a |
|     | ■ N            |                              |   |                |               |                               |
|     | □ Ye           |                              | Explain here:   |                |               |                               |

| Fill in this info   | rmation to identify your  | case:              |              |                                      |
|---------------------|---------------------------|--------------------|--------------|--------------------------------------|
| Debtor 1            | Thomas S. Stefan          | isky               |              |                                      |
|                     | First Name                | Middle Name        | Last Name    |                                      |
| Debtor 2            | Sandra M. Stefans         | sky                |              |                                      |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name    |                                      |
| United States B     | Bankruptcy Court for the: | MIDDLE DISTRICT OF | PENNSYLVANIA |                                      |
| Case number         | 5:18-bk-04709             |                    |              |                                      |
| (if known)          |                           |                    |              | ☐ Check if this is an amended filing |

### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is N  | IOT an attorney to help you fill out bankruptcy forms?  |
| ■ No  |   |
| ☐ Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have re that they are true and correct.  X /s/ Thomas S. Stefansky Thomas S. Stefansky Signature of Debtor 1 | x /s/ Sandra M. Stefansky Sandra M. Stefansky Signature of Debtor 2                           |
| Date December 21, 2018  | Date December 21, 2018  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill in                 | this infor            | mation to identify you                      | r 0000                                     |   |   |   |
|-------------------------|-----------------------|---|--|---|---|---|
| Debto                   |                       | Thomas S. Stefa                             |  |   |   |   |
| Dobio                   |                       | First Name                                  | Middle Name                                | Last Name   |   |   |
| Debto                   | or 2<br>e if, filing) | Sandra M. Stefa                             | nsky<br>Middle Name                        | Last Name   |   |   |
|                         |                       | ankruptcy Court for the:                    | MIDDLE DISTRICT OF P                       |   |   |   |
| Office                  | J States Da           | inkruptcy Court for the.                    | WIDDLE DISTRICT OF T                       | LINIOTEVANIA  |   |   |
| Case<br>(if know        | _                     | 5:18-bk-04709                               |  |   | _   | Check if this is an<br>mended filing                  |
| Stat<br>Be as<br>inform | complete a            | and accurate as possi                       | attach a separate sheet to                 | are filing together, both are                         | equally responsible for sup<br>y additional pages, write you    |   |
| Part 1                  |                       |   | rital Status and Where You                 | Lived Before  |   |   |
| 1. W                    | Married               | -   | s?   |   |   |   |
| 2. D                    | uring the l<br>INo    | ast 3 years, have you                       | lived anywhere other than                  | where you live now?                                   |   |   |
|                         | Yes. Lis              | st all of the places you l                  | ived in the last 3 years. Do no            | ot include where you live now                         | 1.  |   |
| [                       | Debtor 1 P            | rior Address:                               | Dates Debtor 1                             | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                         |                       |   |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|                         |                       | •   | nedule H: Your Codebtors (O                | fficial Form 106H).                                   |   |   |
| F                       | id you hav            | al amount of income yo                      |  | all businesses, including part                        |   | ndar years?   |
|                         | - 110                 | ll in the details.                          |  |   |   |   |
|                         |                       |   | Debtor 1                                   |   | Debtor 2  |   |
|                         |                       |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                         |                       | of current year until<br>ed for bankruptcy: | ☐ Wages, commissions, bonuses, tips        | \$28,000.00   | ☐ Wages, commissions, bonuses, tips                             | \$0.00  |
|                         |                       |   | Operating a business                       |   | ☐ Operating a business  |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 5:18-bk-04709

|  |  |   | Debtor 1   |                                   |   | Debtor 2  |                             |   |
|--|--|---|--|-----------------------------------|---|---|-----------------------------|---|
|  |  |   | Sources of income<br>Check all that apply.   | (befo                             | ss income<br>ore deductions and<br>usions)                      | Sources of ind<br>Check all that a                        |                             | Gross income<br>(before deductions<br>and exclusions) |
| r last calendar year:<br>nuary 1 to December 31, 2017) |  | ■ Wages, commission bonuses, tips                   | ons,   | \$36,000.00                       | ■ Wages, con bonuses, tips                                      | nmissions,  | \$20,610.00                 |   |
|  |  |   | ☐ Operating a busine   | ess                               |   | ☐ Operating a   | business                    |   |
|  | ndar year be<br>o December                       |   | ☐ Wages, commission bonuses, tips  | ons,                              | \$72,320.00   | ☐ Wages, con<br>bonuses, tips                             | nmissions,                  | \$72,320.00   |
|  |  |   | Operating a busine   | ess                               |   | Operating a   | business                    |   |
| Include i<br>and othe<br>winnings                      | ncome regarer<br>public beneal.<br>If you are fi | dless of whetl<br>fit payments;<br>ling a joint cas | e during this year or the that income is taxab pensions; rental income se and you have income ome from each source s | le. Examples es; interest; divi   | of other income are idends; money colle eived together, list it | alimony; child suppected from lawsuits; only once under D | ; royalties; an<br>ebtor 1. |   |
| ☐ Yes  | s. Fill in the d                                 | etails.   |  |                                   |   |   |                             |   |
|  |  |   | Debtor 1   |                                   |   | Debtor 2  |                             |   |
|  |  |   | Sources of income<br>Describe below.   | each<br>(befo                     | ss income from<br>n source<br>ore deductions and<br>usions)     | Sources of inc<br>Describe below                          |                             | Gross income<br>(before deductions<br>and exclusions) |
| □ No.  | individual                                       | primarily for a                                     | Debtor 2 has primarily a personal, family, or hoor personal, family, or hoor you filed for bankrup                   | usehold purpo                     | se."  |   |                             | 1(8) as "incurred by ar                               |
|  | □ No.  | Go to line 7  | <b>7</b> .   |                                   |   |   |                             |   |
|  | ☐ Yes * Subject                                  | paid that cr<br>not include                         | each creditor to whom y<br>reditor. Do not include payments to an attorne<br>t on 4/01/19 and every 3                | ayments for do<br>y for this bank | omestic support obli<br>cruptcy case.                           | igations, such as cl                                      | hild support a              | and alimony. Also, do                                 |
| ■ Yes  |  |   | or both have primarily ore you filed for bankrup   |                                   |   | al of \$600 or more                                       | ?                           |   |
|  | □ No.  | Go to line 7  | <b>7.</b>  |                                   |   |   |                             |   |
|  | ■ Yes  | include pay   | each creditor to whom y<br>ments for domestic sup<br>this bankruptcy case.   |                                   |   |   |                             |   |
| Credito  | or's Name an                                     | d Address   | Dates of p   | payment                           | Total amount paid   | Amount you still owe                                      | Was this                    | payment for   |
| Credito  |  |   |  |                                   |   | \$105,849.00  | ■ Mortga                    |   |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Creditor's Name and Address   | Dates of payment   | Total amount paid  | Amount you still owe   | Was this payment for  |
|---|--|--|--|---|
| Santander Consumer USA<br>Po Box 961245<br>Ft Worth, TX 76161   | 10/2018<br>11/2018   | \$1,641.00   | \$14,103.00  | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul> |
| M&T Bank<br>Attn: Bankruptcy<br>1100 Wehrle Dr.<br>Williamsville, NY 14221  | 09/2018<br>10/2018<br>11/2018  | \$1,569.00   | \$0.00   | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other  |
| Within 1 year before you filed for ba Insiders include your relatives; any ger of which you are an officer, director, pe a business you operate as a sole propralimony.   | neral partners; relatives of any gerson in control, or owner of 20%  | eneral partners; partners or more of their votin   | erships of which yo<br>g securities; and a   | ou are a general partner; corporation on managing agent, including one  |
| ☐ Yes. List all payments to an inside   | er.  |  |  |   |
|   |  | Tatal amazunt  | Amount you   | Reason for this payment   |
| Insider's Name and Address  Within 1 year before you filed for bainsider?   | Dates of payment nkruptcy, did you make any pa   | Total amount paid yments or transfer a   | still owe  |   |
| Within 1 year before you filed for ba   | nkruptcy, did you make any pa  | paid   | still owe  |   |
| Within 1 year before you filed for bainsider? Include payments on debts guaranteed  No  | nkruptcy, did you make any pa  | paid   | still owe  |   |
| Within 1 year before you filed for bainsider? Include payments on debts guaranteed  No Yes. List all payments to an inside  | nkruptcy, did you make any pa<br>d or cosigned by an insider.<br>er<br>Dates of payment  | paid  yments or transfer a  Total amount   | still owe any property on a  | ccount of a debt that benefited a   |
| Within 1 year before you filed for bainsider? Include payments on debts guaranteed  No Yes. List all payments to an inside Insider's Name and Address  art 4: Identify Legal Actions, Repose Within 1 year before you filed for ba List all such matters, including persona modifications, and contract disputes.  No   | nkruptcy, did you make any pad or cosigned by an insider.  Part Dates of payment sessions, and Foreclosures on party in a | paid syments or transfer a Total amount paid   | still owe any property on a  Amount you still owe  | Reason for this payment Include creditor's name   |
| Within 1 year before you filed for bainsider? Include payments on debts guaranteed  No Yes. List all payments to an inside Insider's Name and Address  Identify Legal Actions, Repose Within 1 year before you filed for ba List all such matters, including personal modifications, and contract disputes.  No Yes. Fill in the details.  Case title   | nkruptcy, did you make any pad or cosigned by an insider.  Part Dates of payment sessions, and Foreclosures on party in a | paid syments or transfer a Total amount paid   | still owe any property on a  Amount you still owe  | Reason for this payment Include creditor's name   |
| Within 1 year before you filed for bainsider? Include payments on debts guaranteed  No Yes. List all payments to an inside Insider's Name and Address  Identify Legal Actions, Repose Within 1 year before you filed for ba List all such matters, including personal modifications, and contract disputes.  No Yes. Fill in the details.   | nkruptcy, did you make any part or cosigned by an insider.  Dates of payment  Sessions, and Foreclosures  nkruptcy, were you a party in a lal injury cases, small claims action  Nature of the case  Civil action  | paid  yments or transfer a  Total amount paid  ny lawsuit, court ac ns, divorces, collection                                     | Amount you still owe tion, or administration, or administration suits, paternity a   | Reason for this payment Include creditor's name  rative proceeding?   |
| Within 1 year before you filed for bainsider? Include payments on debts guaranteed  No Yes. List all payments to an inside Insider's Name and Address  Identify Legal Actions, Repose Within 1 year before you filed for ba List all such matters, including persona modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number Interstate Battery of Pocono Mountains v. Thomas Stefansky DBA Eagle Transport Service Center, Sandy Stefanski DBA ETransport Service Center | nkruptcy, did you make any part or cosigned by an insider.  Dates of payment  sessions, and Foreclosures  nkruptcy, were you a party in a linjury cases, small claims action  Nature of the case  Civil action  y  agle  | Total amount paid  In paid  Total amount paid  In paid  Total amount paid  In paid  Court or agency  Mag. Dist. No. 35 Broad St. | Amount you still owe tion, or administration, or administration suits, paternity at the MDJ- 11-1-04 the MDJ 02-2-01 the MDJ 0 | Reason for this payment Include creditor's name  rative proceeding? ctions, support or custody  Status of the case  Pending On appeal           |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|     | Case title Case number   | Nature of the case   | Court or agency  |                | Status of th                   | e case                |
|-----|--|--|--|----------------|--------------------------------|-----------------------|
|     | Brian Tirpak, Shirley A. Tirpak v.<br>Sandra Stefansky, Thomas S.<br>Stefansky<br>LT-124-2017  | efansky, Thomas S. Rear 320 East Broad St. Tamaqua, PA 18252 |  | -06            | ☐ Pending ☐ On appe ☐ Conclude |                       |
|     |  |  |  |                | Judgment                       | for Plaintiff         |
|     | Mauch Chunk Trust Company v.<br>Sandra M. Stefansky<br>18-1277   | Civil action   | Court of Common Pleas<br>Carbon County<br>Jim Thorpe, PA | of             | ☐ Pending ☐ On appe ☐ Conclude |                       |
|     |  |  |  |                | Judgment                       | for Plaintiff         |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  ■ No. Go to line 11.  □ Yes. Fill in the information below. |  | rty repossessed, foreclosed,                             | garnish        | ed, attached                   | l, seized, or levied? |
|     | Creditor Name and Address  | Describe the Property  Explain what happened                 |  |                |                                | Value of the property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No  Yes. Fill in the details.  |  | uding a bank or financial ins                            | titution,      | set off any a                  | mounts from your      |
|     | Creditor Name and Address  | Describe the action the                                      | creditor took  | Date a         | ction was                      | Amount                |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar  |  | rty in the possession of an a                            | ssignee        | for the bene                   | fit of creditors, a   |
|     | ■ No □ Yes   |  |  |                |                                |                       |
| Par | t 5: List Certain Gifts and Contributions  |  |  |                |                                |                       |
| 13. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.  | cy, did you give any gifts                                   | with a total value of more th                            | an \$600       | per person?                    | •                     |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts   |  | Dates the gift | you gave<br>ts                 | Value                 |
|     | Person to Whom You Gave the Gift and Address:  |  |  |                |                                |                       |
| 14. | Within 2 years before you filed for bankrupt  ■ No □ Yes. Fill in the details for each gift or cont  |  | or contributions with a total                            | value o        | f more than                    | \$600 to any charity? |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                             |  | contributed  | Dates y        |                                | Value                 |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|     | otor 1 Thomas S. Stefansky Sandra M. Stefansky   |           | Ca   | se number (                                       | 5:18-bk-04                               | 709                       |
|-----|--|-----------|--|---|--|---------------------------|
| Par | rt 6: List Certain Losses  |           |  |   |  |                           |
| 15. | Within 1 year before you filed for bankru or gambling?   | uptcy o   | r since you filed for bankruptcy, did yo   | u lose anyti                                      | ning because of thef                     | t, fire, other disaster   |
|     | ■ No □ Yes. Fill in the details.   |           |  |   |  |                           |
|     | Describe the property you lost and how the loss occurred   | Includ    | ibe any insurance coverage for the los<br>e the amount that insurance has paid. Lis<br>nce claims on line 33 of Schedule A/B: Pi                               | t pending   | Date of your loss                        | Value of property<br>lost |
| Par | tt 7: List Certain Payments or Transfer  | rs        |  |   |  |                           |
| 16. | Within 1 year before you filed for bankruconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition  | prepari   | ing a bankruptcy petition?   |   |  | rty to anyone you         |
|     | □ No ■ Yes. Fill in the details.   |           |  |   |  |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address   | You       | Description and value of any proper transferred  | escription and value of any property<br>ansferred |  | Amount of payment         |
|     | Person Who Made the Payment, if Not You<br>C. Stephen Gurdin, Jr., Esq.<br>67-69 Public Square, Ste. 501<br>Wilkes Barre, PA 18701-2512<br>Stephen@gurdinlaw.com   |           | \$4500.00 attorney fees<br>\$310.00 court costs<br>\$39.00 credit counseling and personal<br>financial management<br>\$66.00 credit reports<br>TOTAL \$4915.00 |   | 09/2018<br>10/2018                       | \$4,915.00                |
| 17. | Within 1 year before you filed for bankrupromised to help you deal with your creed to not include any payment or transfer that   | editors o | or to make payments to your creditors?   |   | r transfer any prope                     | rty to anyone who         |
|     | ■ No □ Yes. Fill in the details.   |           |  |   |  |                           |
|     | Person Who Was Paid<br>Address   |           | Description and value of any proper transferred  | ty  | Date payment or transfer was made        | Amount of payment         |
| 18. | <ul> <li>18. Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |           | ness or financial affairs? as security (such as the granting of a sec  |   |  |                           |
|     | Person Who Received Transfer Address   |           | Description and value of property transferred  |   | nny property or received or debts change | Date transfer was made    |
| 19. | Person's relationship to you  Within 10 years before you filed for ban beneficiary? (These are often called asse ■ No □ Yes. Fill in the details.  |           |  | f-settled tru                                     | st or similar device                     | of which you are a        |
|     | Name of trust  |           | Description and value of the propert   | ty transferre                                     | ed                                       | Date Transfer was made    |
|     |  |           |  |   |  |                           |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 5:18-bk-04709

| Par   | List of C                      | ertain Financial Accounts, In   | struments, Safe Deposi   | t Boxes, and Sto            | orage Unit | s  |   |
|---|--------------------------------|---|--|-----------------------------|------------|--|---|
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brohouses, pension funds, cooperatives, associations, and other financial institutions. |                                |   |  |                             |            | ,  |   |
|   | ■ No □ Yes Fill in             | n the details.  |  |                             |            |  |   |
|   | Name of Final                  | ncial Institution and<br>per, Street, City, State and ZIP   | Last 4 digits of account number  | Type of accou<br>instrument | int or     | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21.   | Do you now ha                  | ave, or did you have within 1<br>valuables?   | year before you filed for  | bankruptcy, an              | y safe dep | oosit box or other deposi                            | itory for securities,                         |
|   | ■ No                           |   |  |                             |            |  |   |
|   | ☐ Yes. Fill in                 | n the details.  |  |                             |            |  |   |
|   |                                | ncial Institution<br>per, Street, City, State and ZIP Code)                                       | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                             | Describe t | the contents   | Do you still have it?                         |
| 22.   | Have you store                 | ed property in a storage unit   | or place other than you  | home within 1               | year befor | e you filed for bankrupto                            | ey?   |
|   | ■ No                           |   |  |                             |            |  |   |
|   | ☐ Yes. Fill in                 | n the details.  |  |                             |            |  |   |
|   | Name of Stora<br>Address (Numb | age Facility oer, Street, City, State and ZIP Code)   | Who else has or l<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                             | Describe t | the contents   | Do you still have it?                         |
| Par   | t 9: Identify I                | Property You Hold or Control  | I for Someone Fise   |                             |            |  |   |
| 23.   |                                | r control any property that so  |  | ude any propert             | y you borr | owed from, are storing f                             | or, or hold in trust                          |
|   | ■ No                           |   |  |                             |            |  |   |
|   | _                              | n the details.  |  |                             |            |  |   |
|   | Owner's Name                   |   | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                             | Describe   | the property   | Value   |
| Dar   | t 10: Give Det                 | ails About Environmental Inf  | ,  |                             |            |  |   |
| ı aı  | Cive Det                       | ans About Environmental in  | ormation   |                             |            |  |   |
| For   | the purpose of                 | Part 10, the following definiti   | ions apply:  |                             |            |  |   |
|   | toxic substance                | I law means any federal, state<br>es, wastes, or material into t<br>ntrolling the cleanup of thes | he air, land, soil, surfac   | e water, ground             |            |  |   |
|   | Site means any                 | y location, facility, or propert<br>e, or utilize it, including disp                              | y as defined under any   |                             | aw, wheth  | er you now own, operate                              | e, or utilize it or used                      |
|   |                                | <i>terial</i> means anything an env<br>terial, pollutant, contaminant                             |  | as a hazardous              | waste, haz | zardous substance, toxid                             | c substance,                                  |
| Rep   | ort all notices, i             | releases, and proceedings th  | nat you know about, rega   | ardless of when             | they occu  | rred.  |   |
| 24.   | Has any gover                  | nmental unit notified you tha   | it you may be liable or p  | otentially liable           | under or i | n violation of an environ                            | mental law?                                   |
|   | ■ No                           |   |  |                             |            |  |   |
|   | _                              | n the details.  |  |                             |            |  |   |
|   | Name of site<br>Address (Numb  | per, Street, City, State and ZIP Code)  | Governmental un<br>Address (Number, S<br>ZIP Code)                       |                             |            | onmental law, if you<br>it                           | Date of notice                                |
|   |                                |   | 0000)  |                             |            |  |   |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Thomas S. Stefansky
Debtor 2 Sandra M. Stefansky

Case number (if known) 5:18-bk-04709

| 25. | 25. Have you notified any governmental unit of any release of hazardous material?      |  |  |                  |  |  |
|-----|--|--|--|------------------|--|--|
|     | ■ No   |  |  |                  |  |  |
|     | Yes. Fill in the details.  |  |  |                  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                     | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it              | Date of notice   |  |  |
| 26. | Have you been a party in any judicial or adı   | ministrative proceeding under any envi                               | ronmental law? Include settlements a           | nd orders.       |  |  |
|     | ■ No   |  |  |                  |  |  |
|     | Yes. Fill in the details.  |  |  |                  |  |  |
|     | Case Title Case Number   | Court or agency Name   | Nature of the case                             | Status of the    |  |  |
|     | Case Number  | Address (Number, Street, City,                                       |  | case             |  |  |
|     |  | State and ZIP Code)  |  |                  |  |  |
| Par | 11: Give Details About Your Business or  | Connections to Any Business  |  |                  |  |  |
| 27. | Within 4 years before you filed for bankrup  | tcy, did you own a business or have an                               | y of the following connections to any          | business?        |  |  |
|     | ☐ A sole proprietor or self-employed   | in a trade, profession, or other activity,                           | either full-time or part-time                  |                  |  |  |
|     | A member of a limited liability comp   | pany (LLC) or limited liability partnersh                            | ip (LLP)                                       |                  |  |  |
|     | ☐ A partner in a partnership   |  |  |                  |  |  |
|     | ■ An officer, director, or managing ex   | ecutive of a corporation   |  |                  |  |  |
|     | ☐ An owner of at least 5% of the votin   | g or equity securities of a corporation                              |  |                  |  |  |
|     | ■ No. None of the above applies. Go to   | Part 12.   |  |                  |  |  |
|     | Yes. Check all that apply above and fil  | I in the details below for each business                             | s.   |                  |  |  |
|     | Business Name  | Describe the nature of the business                                  | Employer Identification number                 | bararITIN        |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)                                  | Name of accountant or bookkeeper                                     | Do not include Social Security number or ITIN. |                  |  |  |
|     | Eagle Auto Repair & Notary Center,   | auto repair and notary service                                       | Dates business existed EIN:                    |                  |  |  |
|     | LLC  | -  | From To 04/04/0040 (5 mass)                    | 4                |  |  |
|     | 954 Barnesville Dr<br>Barnesville, PA 18214  | Bruce Briener, CPA   | From-To 01/01/2018 to present                  |                  |  |  |
|     |  |  |  |                  |  |  |
|     | Eagle Transport Group, Inc.  | trucking   | EIN: 20-1582007                                |                  |  |  |
|     | 25 Liberty St.<br>Tamaqua, PA 18252  | Bruce Breiner, CPA   | From-To 2001-12/2017                           |                  |  |  |
|     |  |  |  |                  |  |  |
|     | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement t                            | to anyone about your business? Inclu           | de all financial |  |  |
|     | ■ No   |  |  |                  |  |  |
|     | Yes. Fill in the details below.  |  |  |                  |  |  |
|     | Name   | Date Issued  |  |                  |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)                                  |  |  |                  |  |  |
|     |  |  |  |                  |  |  |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Thomas S. Stefansky Case number (if known) 5:18-bk-04709 Debtor 2 Sandra M. Stefansky Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Thomas S. Stefansky /s/ Sandra M. Stefansky Thomas S. Stefansky Sandra M. Stefansky Signature of Debtor 2 December 21, 2018

Signature of Debtor 1

Date December 21, 2018

Date December 21, 2018

Date December 21, 2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:    | Liquidation        |
|---------------|--------------------|
| \$245         | filing fee         |
| \$75          | administrative fee |
| <u>+</u> \$15 | trustee surcharge  |
| \$335         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | ¢310  | total foo          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## United States Bankruptcy Court Middle District of Pennsylvania

| In r | Thomas S. Stefansky   | District of 1 chinsylvan  | Case No.  | 5:18-bk-04709   |
|------|---|---|---|---|
|      | Sundra III. Steransky   | Debtor(s)   | Chapter   | 13  |
|      | DISCLOSURE OF COMPEN  |   |   | . ,   |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of   | of the petition in bankruptcy or in connection with the bar   | , or agreed to be paid<br>akruptcy case is as fol   | to me, for services rendered or to  |
|      | For legal services, I have agreed to accept   |   | \$  | 4,500.00  |
|      | Prior to the filing of this statement I have received   |   |   | 4,500.00  |
|      | Balance Due   |   | \$  | 0.00  |
| 2.   | The source of the compensation paid to me was:  |   |   |   |
|      | ■ Debtor □ Other (specify):   |   |   |   |
| 3.   | The source of compensation to be paid to me is:   |   |   |   |
|      | ☐ Debtor ☐ Other (specify): <b>through</b>  | Chapter 13 plan   |   |   |
| 4.   | ■ I have not agreed to share the above-disclosed comper   | nsation with any other person   | unless they are meml  | pers and associates of my law firm  |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name   |   |   |   |
| 5.   | In return for the above-disclosed fee, I have agreed to rend  | der legal service for all aspec   | ts of the bankruptcy c  | ase, including:   |
|      | <ul><li>a. Analysis of the debtor's financial situation, and renderi</li><li>b. Preparation and filing of any petition, schedules, staten</li><li>c. Representation of the debtor at the meeting of creditors</li><li>d. [Other provisions as needed]</li></ul>   | nent of affairs and plan which  | n may be required;  |   |
| б.   | By agreement with the debtor(s), the above-disclosed fee of negotiations with creditors, bankruptcy litexemptions;(i)lien avoidance,(iii)adversar chapter;(vi)application for extension of tin attorney Gurdin. Other professionals may Hourly rates may change during the cours will be notified in writing of any change in incurred and/or charged or incured for like to the clerk of the court, photocopy and facharges. | tigation including but no<br>y; (iv)amendment to sch-<br>me to file schedules and/<br>bebilled at lower rates,<br>se of the representation.<br>In billing hourly rates.Leg<br>e work, including but no<br>ax charges, postage and | t limited to:(i) obje<br>edules, (v)convers<br>or plan. Billings w<br>currently at \$142.0<br>Debtors<br>al and other appro<br>t limited to filing fe | ion to another ill be at \$360.00 per hour for 0 per hour for paralegal. priate costs and expenses es charged by the and paid |
|      |   | CERTIFICATION   |   |   |
| this | I certify that the foregoing is a complete statement of any abankruptcy proceeding.   | agreement or arrangement for  | r payment to me for re  | epresentation of the debtor(s) in   |
|      | December 21, 2018   | /s/ C. Stephen Gu   |   |   |
| I    | Date  | C. Stephen Gurd   |   |   |
|      |   | Signature of Attorne C. Stephen Gurd  |   |   |
|      |   | 67-69 Public Squ  |   |   |
|      |   | Wilkes Barre, PA<br>570-826-0481  | 18701-2512  |   |
|      |   | Stephen@gurdin  | law.com   |   |
|      |   | Name of law firm  |   |   |

### United States Bankruptcy Court Middle District of Pennsylvania

| In re | Thomas S. Stefansky<br>Sandra M. Stefansky |           | Case No. | 5:18-bk-04709 |  |
|-------|--|-----------|----------|---------------|--|
|       |  | Debtor(s) | Chapter  | 13            |  |

| VERIFICATION OF CREDITOR MATRIX |   |                         |  |  |  |  |  |  |  |  |
|---------------------------------|---|-------------------------|--|--|--|--|--|--|--|--|
| The abo                         | The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. |                         |  |  |  |  |  |  |  |  |
| Date:                           | December 21, 2018   | /s/ Thomas S. Stefansky |  |  |  |  |  |  |  |  |
|                                 |   | Thomas S. Stefansky     |  |  |  |  |  |  |  |  |
|                                 |   | Signature of Debtor     |  |  |  |  |  |  |  |  |
| Date:                           | December 21, 2018   | /s/ Sandra M. Stefansky |  |  |  |  |  |  |  |  |
|                                 |   | Sandra M. Stefansky     |  |  |  |  |  |  |  |  |
|                                 |   | Signature of Debtor     |  |  |  |  |  |  |  |  |

| Fill in this information to identify your case:                         |                              |  |  |  |  |  |  |
|---|------------------------------|--|--|--|--|--|--|
| Debtor 1  | Debtor 1 Thomas S. Stefansky |  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)   | Sandra M. Stefansky          |  |  |  |  |  |  |
| United States Bankruptcy Court for the: Middle District of Pennsylvania |                              |  |  |  |  |  |  |
| Case number (if known)  | 5:18-bk-04709                |  |  |  |  |  |  |

| Check as directed in lines 17 and 21: |   |  |  |  |  |  |  |
|---------------------------------------|---|--|--|--|--|--|--|
|                                       | According to the calculations required by this Statement:         |  |  |  |  |  |  |
|                                       | Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |
|                                       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).  |  |  |  |  |  |  |
|                                       | 3. The commitment period is 3 years.                              |  |  |  |  |  |  |
|                                       | 4. The commitment period is 5 years.                              |  |  |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| 8.  | Une<br>Do r<br>the S<br>Fo<br>Pen   | mplog<br>not en<br>Social<br>or you<br>or you | dividends, and royalties yment compensation ter the amount if you contend that to Security Act. Instead, list it here: If spouse or retirement income. Do not includer the Social Security Act. | \$<br>\$  | 0.0                         | 00<br>00   | Column Debtor 1 |           | <u> </u>    | or   |          |
|---|---|---|---|---|-----------------------------|------------|-----------------|-----------|-------------|------|----------|
| 10.   | Do r<br>rece<br>dom   | not inc<br>eived a<br>nestic i<br>belov       | rom all other sources not listed a<br>clude any benefits received under the<br>as a victim of a war crime, a crime a<br>terrorism. If necessary, list other so<br>w.                            | he Social Security Ac<br>against humanity, or i   | t or paymen<br>nternational | ts<br>or   | ¢               | 4,594.7   | 8 \$        | 0.00 |          |
|   |   | _   | Contribution from LLC   |   |                             |            | Ψ<br>\$         | 642.9     | _           | 0.00 |          |
|   |   | _   | otal amounts from separate pages  | if any  |                             |            | \$              | 0.0       | <u> </u>    | 0.00 |          |
| 11.<br>Part   | each  | culate<br>n colui                             | your total average monthly income. Then add the total for Column termine How to Measure Your De   | ome. Add lines 2 throu<br>A to the total for Colu | ımn B.                      | \$         | 5,237.75        |           | 0.00        | = \$ | 5,237.75 |
| 12.   | Сор   | y you   | ır total average monthly income   | from line 11.                                     |                             |            |                 |           |             | \$   | 5,237.75 |
| 13.   | Calc  | culate  | the marital adjustment. Check o   | ne:   |                             |            |                 |           |             |      |          |
|   |   | You   | are not married. Fill in 0 below.   |   |                             |            |                 |           |             |      |          |
|   |   | You   | are married and your spouse is filir  | ng with you. Fill in 0 b                          | elow.                       |            |                 |           |             |      |          |
|   | You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below. |   |   |   |                             |            |                 |           |             |      |          |
|   |   |   |   |   |                             | \$<br>\$   |                 |           |             |      |          |
|   |   |   |   |   |                             | э —<br>+\$ |                 |           |             |      |          |
|   |   |   |   |   |                             | Ψ_         |                 |           |             |      |          |
|   |   |   | Total   |   |                             | \$         | 0               | 0.00      | Copy here=> |      | 0.00     |
| 14.   |   |   | rrent monthly income. Subtract li   |   |                             |            |                 |           |             | \$   | 5,237.75 |
| 15. Calculate your current monthly income for the year. Follow these steps:           |   |   |   |   |                             |            |                 | •         | 5,237.75    |      |          |
|   | 15  |   |   |   |                             |            |                 |           |             | \$   | 3,237.73 |
|   |   | Mı  | ultiply line 15a by 12 (the number o  | of months in a year).                             |                             |            |                 |           |             | X    | 12       |
| 15b. The result is your current monthly income for the year for this part of the form |   |   |   |   |                             |            |                 | 62,853.00 |             |      |          |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

5:18-bk-04709

| 16   | . Calculate  | the median family income that applies to yo  | ou. Follow these ste                      | eps:    |                                       |             |                    |
|------|--|--|---|---------|---------------------------------------|-------------|--------------------|
|      | 16a. Fill in   | the state in which you live.   | PA  |         |                                       |             |                    |
|      | 16b. Fill in   | the number of people in your household.  | 5   |         |                                       |             |                    |
|      | 16c. Fill in   | the median family income for your state and si   | ze of household.                          |         |                                       | \$          | 106,092.00         |
|      |  | nd a list of applicable median income amounts, actions for this form. This list may also be availa   |   |         |                                       | -           |                    |
| 17.  |  | ne lines compare?  | able at the bankrup                       | toy old | iko omoo.                             |             |                    |
|      | 17a. <b>I</b>  | Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NO  |   |         |                                       |             |                    |
|      | 17b. 🗆   | Line 15b is more than line 16c. On the top o 1325(b)(3). <b>Go to Part 3 and fill out Calcul</b> your current monthly income from line 14 ab | ation of Your Disp                        |         |                                       |             |                    |
| Part | 3: Cal   | culate Your Commitment Period Under 11 U   | J.S.C. § 1325(b)(4)                       |         |                                       |             |                    |
| 18.  | Copy you   | r total average monthly income from line 11  | ·   |         |                                       | \$          | 5,237.75           |
|      | Deduct th<br>contend th<br>spouse's in   | e marital adjustment if it applies. If you are reat calculating the commitment period under 11 ncome, copy the amount from line 13.          | married, your spous<br>U.S.C. § 1325(b)(4 | se is n | ot filing with you, and you           |             |                    |
|      | 19a. If the  | marital adjustment does not apply, fill in 0 on li   | ne 19a.                                   |         |                                       | -\$         | 0.00               |
|      | 19b. <b>Subt</b> i   | ract line 19a from line 18.  |   |         |                                       | \$_         | 5,237.75           |
| 20.  | Calculate  | your current monthly income for the year.  | Follow these steps:                       | :       |                                       |             |                    |
|      | 20a. Copy  | line 19b   |   |         |                                       | \$_         | 5,237.75           |
|      |  | oly by 12 (the number of months in a year).  |   |         |                                       |             | <b>x</b> 12        |
|      |  |  |   |         |                                       |             |                    |
|      | 20b. The r   | esult is your current monthly income for the ye  | ar for this part of the                   | e form  |                                       | \$_         | 62,853.00          |
|      |  |  |   |         |                                       |             |                    |
|      | 20c. Copy  | the median family income for your state and s  | ize of household fro                      | om line | e 16c                                 | \$_         | 106,092.00         |
|      | 21. <b>How</b>   | do the lines compare?  |   |         |                                       |             |                    |
|      | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitme period is 3 years</i> . Go to Part 4. |  |   |         |                                       |             | The commitment     |
|      |  | Line 20b is more than or equal to line 20c. Unlocommitment period is 5 years. Go to Part 4.  | ess otherwise order                       | red by  | the court, on the top of page 1 of t  | his form, o | check box 4, The   |
| Part | 4: Sig   | n Below  |   |         |                                       |             |                    |
|      | By signing   | here, under penalty of perjury I declare that the  | e information on th                       | is stat | ement and in any attachments is tr    | ue and co   | rrect.             |
| X    | /s/ Thor   | nas S. Stefansky   | X   | /s/ S   | andra M. Stefansky                    |             |                    |
|      |  | s S. Stefansky<br>e of Debtor 1  |   |         | dra M. Stefansky<br>ature of Debtor 2 |             |                    |
|      | •  | cember 21, 2018  |   | •       | December 21, 2018                     |             |                    |
|      |  | / DD / YYYY  |   |         | MM / DD / YYYY                        |             |                    |
|      | •  | cked 17a, do NOT fill out or file Form 122C-2.   | is form On line 20                        | of the  | t form convivour ourrent monthly in   | noomo fra   | m line 14 chave    |
|      | ii you ched  | cked 17b, fill out Form 122C-2 and file it with th   | is ioiiii. Oli lille 39                   | oi ma   | tionii, copy your current monthly li  | ncome no    | ii iiile 14 above. |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period